

Ref:ESI

ESI

Discharge on 2/7/24 CAG + EP Study + RFA MHI/DP/2022/104


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(A Unit of United Alliance Hospitals)

BILLING CARD
SAFETY FIRST




Patient Name Mrs. LAKSHMI MUTHAIYA (ESI)
 67/Female/MHI202484392
 30/06/2024/1PH2024001537

IP No. _____
 Dr. K. JAISHANKAR

Room No. _____

D.O.A. 30/6/24 **Time** 07:50 AM

TRANSFER DETAILS

Rent Per Day GN

Date	Time	From	To	Nurse's Signature
30/6/24	20:30	ADMISSION	2nd FLOOR Gw-4	Sh. 222
1/7/24	8:30	DR. F. Gw-4	Cath Lab	Sh. 222
1/7/24	11:5	CATH LAB	11th Floor	Sh. 222

OPERATION THEATRE

Date : 1/7/2024 **OT No.** : Cath Lab - II

Surgeon : DR. JAISHANKAR **Start Time** : 9:00

I Asst. Surgeon : **End Time** : 10:45

II Asst. Surgeon : **Dis. Pack** :

III Asst. Surgeon : **Diathermy** :

Anaesthetist : **C-Arm** :

OT Nurse : R/N Sandhya **Arthroscopy** :

Name of Surgery : CAG + EPS **Laproscopy** :

Sevoflurane / Isoflurane :

Inj. Fentanyl : 2ml 10ml/inj. morphi:

Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

197/24

ECG (8383)

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30	6	24
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PHYSIOTHERAPY

OTHERS

DATE _____

NUMBERS

DATE _____

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[illegible]