

Ref: Dr. G. Gnanavelu

Self

CAG + PCI

Discharge on 28/6/24 MHI/DP/2022/104

 Medway Hospital The way to better life (A Unit of United Alliance Healthcare)		BILLING CARD PRIORITY FIRST			
Patient Name: MR. MUJIP CHATTAISHASHIP 60/Male/MHI202484510 27/06/2024/1PH2024001517		D.O.A. <u>27/06/24</u> Time <u>01:57 AM</u>			
IP No. <u>Dr. G. GNANAVELU</u>		Room No. <u>CCU - 1</u> <u>Ward - 1</u>		Rent Per Day <u> </u>	
TRANSFER DETAILS					

Date	Time	From	To	Nurse's Signature
27/6/24	1.57	PO	CCU	(Signature)
27/6/24	13.10	CCU	CATH LAB	(Signature)
27/6/24	14.15	CATH LAB	CCU	(Signature)
27/6/24	18.00	CCU	201-B	(Signature)

OPERATION THEATRE			
Date	: 27/6/24	OT No.	: CATH LAB 51
Surgeon	: Dr. Gnanavelu	Start Time	: 13.40
I Asst. Surgeon	:	End Time	: 14.05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: CAG + M.I.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/6/24	1.57	27/6/24	18.00				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/6/24	1.57	27/6/24	13.10				

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]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

27/6/24	ECW 1 (8153)
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CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

27/6/24

~~2 (8153)~~

27/6/24

(1) (8167)

27/6/24

1717 (2212)

28	6	2A
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1719

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]