

Ref ESI



CAG

MHI/DP/2022/104

Medway Hosp
The way to better life
(A Unit of United Alliance Healthcare)

Mr. DEVARAJ.R (ESI)
66/Male/MHI202484554
01/07/2024/1PH2024001542
Dr. K. JAISHANKAR

BILLING CARD

SAFETY FIRST

Patient Name _____
IP No. _____
Room No. _____

D.O.A. 01/7/24 Time 10:13 AM

TRANSFER DETAILS Rent Per Day PL

Date	Time	From	To	Nurse's Signature
1/7/24	10:15	FO	PL	MS 0244
1/7/24	12:30	PL	CATH	MS 0244
01/7/24	13:10	CATH LAB	PL	MS 004

OPERATION THEATRE	
Date : <u>01/07/24</u>	OT No. : <u>CATH LAB - 11</u>
Surgeon : <u>Dr. Jaishankar.K</u>	Start Time : <u>12:40</u>
I Asst. Surgeon : _____	End Time : <u>13:00</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : _____	C-Arm : _____
OT Nurse : <u>R/n. Abhinaya</u>	Arthroscopy : _____
Name of Surgery : <u>CAV</u>	Laproscopy : _____
	Sevoflurane / Isoflurane : _____
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	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

[illegible]