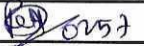


Ref
Dr. G. Gnanaavelu

Self

CAG

MHI/DP/2022/104

 Medway H The way to be! (A Unit of United Alliance)	Mr. SHAMIYULLAH H 40/Male/MHI202484729 09/07/2024/IP112024001599 Dr. G. GNANAVELU 	BILLING CARD SAFETY FIRST	  D.O.A. <u>09/7/24</u> Time <u>10:45 AM</u>	 Medway Heart Institute Where heart never stops...	
Patient Nar _____ IP No. _____ Room No. _____		TRANSFER DETAILS			Rent Per Day <u>RL</u>
Date	Time	From	To	Nurse's Signature	
9/7/24	10:55	F10	RL		
9/7/24	12:05	RL	Cath lab.		
9/7/24	13:45	Cath Lab	RL		

OPERATION THEATRE			
Date : <u>9/7/24</u>	OT No. : <u>Cath Lab</u>		
Surgeon : <u>Dr. G. G.</u>	Start Time : <u>1:10 PM</u>		
I Asst. Surgeon : _____	End Time : <u>3:30 PM</u>		
II Asst. Surgeon : _____	Dis. Pack : _____		
III Asst. Surgeon : _____	Diathermy : _____		
Anaesthetist : _____	C-Arm : _____		
OT Nurse : <u>Abinaya RN</u>	Arthroscopy : _____		
Name of Surgery : <u>Cath</u>	Laproscopy : _____		
	Sevoflurane / Isoflurane : _____		
	Inj. Fentanyl : 2ml 10ml/inj. morphine : _____		
	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

