

Ref:ESI

ESI

CAG
MHI/DP/2022/104



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

Mr.KUBENDRAN V (ESI)
65/Male/MHI202484648
08/07/2024/1PH2024001590
Dr.G. GNANAVELLU



BILLING CARD

SAFETY FIRST



D.O.A. 08/7/24 Time 10:35AM

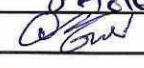
Patient Name _____

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
8/7/24	10:35	ADMISSION	RL	
8/7/24	12:20	RL	CATALAB	
8/7/24	13:40	Care Case	RL	

OPERATION THEATRE	
Date : <u>8/7/24</u>	OT No. : <u>Care Case</u>
Surgeon : <u>Dr. G. Gnanavelu</u>	Start Time : <u>12:38 PM</u>
I Asst. Surgeon : <u> </u>	End Time : <u>1:15 PM</u>
II Asst. Surgeon : <u> </u>	Dis. Pack : <u> </u>
III Asst. Surgeon : <u> </u>	Diathermy : <u> </u>
Anaesthetist : <u> </u>	C-Arm : <u> </u>
OT Nurse : <u>Bhavadharani R CW</u>	Arthroscopy : <u> </u>
Name of Surgery : <u>Care</u>	Laproscopy : <u> </u>
	Sevoflurane / Isoflurane : <u> </u>
	Inj. Fentanyl : 2ml 10ml/inj. monphi: <u> </u>
	Others : <u> </u>

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]