

Ref:
ESI

ESI

CAG

MHI/DP/2022/104



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

Mr. NARAYANASAMY KRISHNAN
65/Male/MH1202484649
08/07/2024/1PH2024001586

BILLING CARD
SAFETY FIRST




Patient Name **Dr. G. GNANAVELU**

IP No. 

D.O.A. 08/7/24 Time 10:07AM

Ben chadaf

Room No. _____

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
8/7/24	10:07AM	ADMISSION	RL	<i>[Signature]</i>
8/7/24	10:55	RL	CATH LAB	<i>[Signature]</i>
8/7/24	12:20	CATH LAB	RL	<i>[Signature]</i>

OPERATION THEATRE	
Date : <u>08/7/24</u>	OT No. : <u>CATH LAB-11</u>
Surgeon : <u>Dr. Gnanavelu - 07</u>	Start Time : <u>11:45</u>
I Asst. Surgeon :	End Time : <u>12:10</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>CAG</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

