Ref. Dr. [illegible]

Self

CAG.

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

# BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name _ Mrs.THANGAMMAL
68/Female/MHI202484898
03/08/2024/IP112024001785
Dr.K.JAISHANKAR

D.O.A 03/08/24 Time 9.16 AM

IP No. _____

Room No. _____ TRANSFER DETAILS Rent Per Day RL

| Date | Time | From | To | Nurse's Signature |
|---|---|---|---|---|
| 3/8/24 | 9.16 | AEM | RL | |
| 3/8/24 | 10.40 | RL | CATHLAB | 0158 |
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## 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 | : 2ml 10ml/inj. monphi: |
| | | Others | : |

## MONITOR

| Date | Start | Date | Disconnect |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED

| Date | Start | Date | Disconnect |
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## SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED :<br>BILL CLEARED : 6340.00 B215 03/08/24<br>RETURNS CHECKED : | |

**CROSS MATCHING :**

**RESERVATION PF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

Admission Officer : Dhanush. P.

Sister In-charge