

Ref
write

SELF

CAB.

MHI/DP/2022/104

 Medway Hos The way to better (A Unit of United Alliance Health)		BILLING CARD SAFETY FIRST		 			
		Mrs.KANCHAN DEVI 30/Female/MHI202485074 02/08/2024/1P112024001781 Dr.K.JAISHANKAR		D.O.A. <u>21/8/24</u> Time <u>9.21 AM</u>			
Patient Name _____ IP No. _____		Room No. _____ TRANSFER DETAILS Rent Per Day <u>RL</u>					
Date	Time	From	To	Nurse's Signature			
21/8/24	9.21	ADMISSION	RL				
21/8/24	11.30	RL	CATH LAB.				
21/8/24	12:15	CATH LAB	RL				
OPERATION THEATRE							
Date : <u>02/8/24</u>		OT No. : <u>CATH LAB-II</u>					
Surgeon : <u>Dr. Jaishankar K</u>		Start Time : <u>11:30</u>					
I Asst. Surgeon :		End Time : <u>12:00</u>					
II Asst. Surgeon :		Dis. Pack :					
III Asst. Surgeon :		Diathermy :					
Anaesthetist :		C-Arm :					
OT Nurse : <u>R/n. Abinaya</u>		Arthroscopy :					
Name of Surgery : <u>CAD</u>		Laproscopy :					
		Sevoflurane / Isoflurane :					
		Inj. Fentanyl : 2ml 10ml/inj. morphi:					
		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

