

REF: ESI



MHI/DP/2022/104

**Medway Hospitals**  
The way to better health  
(A Unit of United Alliance Healthcare)

Mrs. UMA H

57/Female/MHI202485163

07/08/2024/PH2024001825

Patient Name

IP No.

Dr. K. JAISHANKAR

Room No.



## BILLING CARD



D.O.A. 7/8/24 Time 11:23

## TRANSFER DETAILS

Rent Per Day

| Date   | Time  | From    | To      | Nurse's Signature |
|--------|-------|---------|---------|-------------------|
| 7/8/24 | 23:23 | FO      | CCU     | 8/8/24            |
| 8/8/24 | 12:20 | CCU     | CATHLAB | 8/8/24            |
| 8/8/24 | 13:35 | CATHLAB | CCU     | 8/8/24            |
|        |       |         |         |                   |
|        |       |         |         |                   |
|        |       |         |         |                   |

## OPERATION THEATRE

|                   |                    |                                       |             |
|-------------------|--------------------|---------------------------------------|-------------|
| Date              | : 08/8/24          | OT No.                                | : CATHLAB-2 |
| Surgeon           | : Dr. Jaishankar K | Start Time                            | : 13:10     |
| I Asst. Surgeon   | :                  | End Time                              | : 13:25     |
| II Asst. Surgeon  | :                  | Dis. Pack                             | :           |
| III Asst. Surgeon | :                  | Diathermy                             | :           |
| Anaesthetist      | :                  | C-Arm                                 | :           |
| OT Nurse          | : R/n. Bavadharani | Arthroscopy                           | :           |
| Name of Surgery   | : CATH             | Laprosocopy                           | :           |
|                   |                    | Sevoflurane / Isoflurane              | :           |
|                   |                    | Inj. Fentanyl : 2ml 10ml/inj. monphi: | :           |
|                   |                    | Others                                | :           |

## MONITOR

## INFUSION PUMP

| Date   | Start | Date   | Disconnect | Date | Start | Date | Disconnect |
|--------|-------|--------|------------|------|-------|------|------------|
| 7/8/24 | 23:23 | 8/8/24 | 15:20      |      |       |      |            |
|        |       |        |            |      |       |      |            |
|        |       |        |            |      |       |      |            |
|        |       |        |            |      |       |      |            |
|        |       |        |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

| 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 :            |
|                     | Others :                   |

[illegible]



