

Ref: Dr Narasimhan
157 5089

INSURANCE

SELF CAG + PPI
12/8/24 MHI/DP/2022/104

BILLING CARD

Medway Hospitals
The way to be
(A Unit of United Alliance)

Mr. MUTHU A
65/Male/MHI202485187
09/08/2024/1PH2024001843

Patient Nar

IP No. Dr.G. GNANAVELU

Room No.

D.O.A. 09/08/24 **Time** 12:05 PM

102 CCU - 1 Ward - A.15

TRANSFER DETAILS **Rent Per Day**

Date	Time	From	To	Nurse's Signature
9/8/24	12:10	ADMISSION	1st floor 102	D.S
10/8/24	13:00	1st floor	CATH LAB	P.08
10/8/24	16:15	CATH LAB	CCU	R.08
11/8/24	11:30	CCU	4th FLOOR (102)	R.08

OPERATION THEATRE

Date : 10/8/2024 **OT No.** : Cath Lab - II

Surgeon : Dr. Gnanavelu **Start Time** : 13:45

I Asst. Surgeon : **End Time** : 15:55

II Asst. Surgeon : **Dis. Pack** :

III Asst. Surgeon : **Diathermy** :

Anaesthetist : **C-Arm** :

OT Nurse : R/N. Sundhija **Arthroscopy** :

Name of Surgery : CABG + PPI **Laproscopy** :

Sevoflurane / Isoflurane :

Inj. Fentanyl : 2ml 10ml/inj. morphine:

Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/8/24	16:15	11/8/24	11:15				

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]

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com

Mathu 65/M

Δ - Sick Sinus Syndrome / Colonic
Diverticulitis ① HUN (11-8-2011)
Symptomatic Sinus Pause > 2 sec

We request you to do the following MRI Brain

C SF Flow Study

on credit basis, and sent the bill to us for payment.



Name : Dr. Kishore

Date : 9/8/24

Time : 21:00

DRP / BIO-DOPPLER

[illegible][illegible]

[illegible]



V SCANS AND LABS

Right diagnosis at right time

No.3, Kodambakkam High Road, Nungambakkam, (Near Palmgrove Hotel), Chennai - 600 034.
Landline : 044 - 4852 0303 Mobile : 7888 03 03 03 Email : vscansandlabsindia@gmail.com

CREDIT BILL

Name	: Mr MUTHU A (65Y/M)	Visit No	: OPV4109
Bill No	: V-16033	Contact No	: 9047724240
UHID NO	: VSL12324322	Bill Date	: 09/08/2024 19:45
Ref .By	: Dr G GNANAVELU (MEDWAY HEART CENTRE) ()		

S.No	Code	Description	Amount
1	MR011	MRI BRAIN PLAIN	₹ 9000

Amount In Words : Rupees four thousand only

Gross Amount	: ₹ 9000
Discount	: ₹ 5000
NetAmount	: ₹ 4000
PaidAmount	: ₹ 0
Due	: ₹ 4000

Receipt Details

