Self.

CAG.

MHI/DP/2022/104

# BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Patient Name Mrs.REETA AROKIADAS
60/Female/MHI202485190
09/08/2024/IPH2024001842
Dr.G. GNANAVELU

D.O.A. 09/08/24 Time 11.43 Am

IP No. _____

Room No. _____ TRANSFER DETAILS Rent Per Day RL

| Date | Time | From | To | Nurse's Signature |
|---|---|---|---|---|
| 9/8/24 | 12.00 | FO | RL | |
| 9/8/24 | 15:00 | RL | Cath Lab | |
| 9/8/24 | 4.45pm | Cath Lab | RL | |
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## OPERATION THEATRE

| | | | |
|---|---|---|---|
| Date | : 9/8/24 | OT No. | : Cath Lab. |
| Surgeon | : Dr. GG | Start Time | : 4.05pm |
| I Asst. Surgeon | : | End Time | : 4.20pm |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : Abirmya RN | Arthroscopy | : |
| Name of Surgery | : CAG | 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 : 6679 / Sarath 9/8/24<br>RETURNS CHECKED : | |

**CROSS MATCHING :**

**RESERVATION PF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

| | |
|---|---|
| Admission Officer : | Sister In-charge |