

Self
Dr. Narendran

Self

CA4
MHI/DP/2022/104



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

BILLING CARD




Mr. T.K THAMARAI SELVAN
57/Male/MHI202485335
20/08/2024/1PH2024001920

Patient Name - Dr. NARENDRAN M

IP No. _____

Room No. _____

D.O.A. 20/8/24 **Time** 11:43 AM

Rent Per Day PL

TRANSFER DETAILS				
Date	Time	From	To	Nurse's Signature
20/8/24	11:45	EO	RL	my 02/11
20/8/24	14:13	RL	Cath	my 02/11
20/8/24	16:00	Cath Lab.	RL	Sp

OPERATION THEATRE	
Date : <u>20/8/24</u>	OT No. : <u>Cath Lab.</u>
Surgeon : <u>Dr. Narendran</u>	Start Time : <u>2.05 PM</u>
I Asst. Surgeon : _____	End Time : <u>3.25 PM</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : _____	C-Arm : _____
OT Nurse : <u>Abitaya R/L</u>	Arthroscopy : _____
Name of Surgery : <u>CA4</u>	Laproscopy : _____
	Sevoflurane / Isoflurane : _____
	Inj. Fentanyl : 2ml 10ml/inj. morphine: _____
	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

[illegible]