

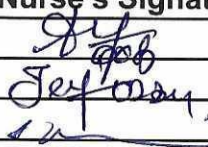
DEF: Dr UNANAYEW

CDM

Self Pay

Discharge on 4/9/24

MHI/DP/2022/104

 Uman Mohanraj Medway Hospitals The way to better health (A Unit of United Alliance Healthcare F		BILLING CARD SAFETY FIRST					
Patient Name <u>Mrs.UMA MOHANRAJ</u> 58/Female/MHI202485633 04/09/2024:IP112024002061 Dr.G. GNANAVEILU		D.O.A. <u>04/09/24</u> Time <u>11:05 AM</u>		Rent Per Day <u>RL</u>			
IP No. _____ Room No. _____		TRANSFER DETAILS					
Date	Time	From	To	Nurse's Signature			
4/9/24	11:45	ADMISSION	RL				
4/9/24	11:30	RL	Path Lab				
4/9/24	8:15	Cath Lab	RL				
OPERATION THEATRE							
Date : 4/9/24		OT No. : Cath Lab					
Surgeon : Dr. G. G.		Start Time : 3 pm					
I Asst. Surgeon :		End Time : 3:15 pm					
II Asst. Surgeon :		Dis. Pack :					
III Asst. Surgeon :		Diathermy :					
Anaesthetist :		C-Arm :					
OT Nurse : D. S. R. N		Arthroscopy :					
Name of Surgery : CABG		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

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