Dr. G. Palaniappan (Check CAG) (Self)

MHI/DP/2022/104

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

# BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Patient Name Mr.MANI
72/Male/MHI202485731
10/09/2024/IP112024002121
Dr.K.JAISHANKAR

D.O.A. 10/9/24 Time 3pm

IP No. _____

Room No. ___ TRANSFER DETAILS Rent Per Day _____

| Date | Time | From | To | Nurse's Signature |
|---|---|---|---|---|
| 10/9/24 | 15:00 | Admission | RC | |
| 10/9/24 | 18:45 | RC | Cathlab | |
| 10/9/24 | | CATHLAB | | |
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## OPERATION THEATRE

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| Date | : 10/09/24 | OT No. | : CATHLAB-II |
| Surgeon | : Dr. Jaishankar. K | Start Time | : 16:00 |
| I Asst. Surgeon | : | End Time | : |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : R/N. Bavadharani | 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

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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 : 5841.00 8215<br>RETURNS CHECKED : 10/09/24 | T-10,000 |

**CROSS MATCHING :**

**RESERVATION PF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

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