

REF: - Dr. Kailash A Jain

medical manager

Discharge on Self pay 22/9/24

MHI/DP/2022/104

|                                                                                                                                                                                                                |                          |                                                  |  |                                                                                                                                                                         |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  <b>Medway Hospitals®</b><br><small>The way to better health</small><br><small>(A Unit of United Alliance Healthcare)</small> |                          | <b>BILLING CARD</b><br><b>SAFETY FIRST</b>       |  |   |  |
| Patient Name                                                                                                                                                                                                   | Mr. KALURAM              | D.O.A. 22/09/24                                  |  | Time 12:18 pm                                                                                                                                                           |                                                                                     |
| IP No.                                                                                                                                                                                                         | 67/Male/MHI202485951     | CCU - 1.5<br>Ward - 1<br><b>TRANSFER DETAILS</b> |  |                                                                                                                                                                         |                                                                                     |
| Room No.                                                                                                                                                                                                       | 22/09/2024/PLI2024002233 |                                                  |  |                                                                                                                                                                         |                                                                                     |
|                                                                                                                                                                                                                | Dr. KAILASH A JAIN       | Rent Per Day CCU                                 |  |                                                                                                                                                                         |                                                                                     |

| Date    | Time     | From         | To       | Nurse's Signature |
|---------|----------|--------------|----------|-------------------|
| 22/9/24 | 12:18    | Front office | CCU      | Shobha            |
| 23/9/24 | 1:40     | CCU          | Cath lab | Shobha            |
| 23/9/24 | 13:41 pm | Cath lab     | CCU      | Shobha            |
| 23/9/24 | 20:00    | CCU          | 102      | Shobha            |
|         |          |              |          |                   |
|         |          |              |          |                   |

| OPERATION THEATRE |                  |                                        |              |
|-------------------|------------------|----------------------------------------|--------------|
| Date              | : 23/9/24        | OT No.                                 | : Cath lab I |
| Surgeon           | : Dr. Jaishankar | Start Time                             | : 12.50      |
| I Asst. Surgeon   | :                | End Time                               | : 13.10      |
| II Asst. Surgeon  | :                | Dis. Pack                              | :            |
| III Asst. Surgeon | :                | Diathermy                              | :            |
| Anaesthetist      | :                | C-Arm                                  | :            |
| OT Nurse          | : RN Sandhya     | Arthroscopy                            | :            |
| Name of Surgery   | : CAG            | Laproscopy                             | :            |
|                   |                  | Sevoflurane / Isoflurane               | :            |
|                   |                  | Inj. Fentanyl : 2ml 10ml/inj. morphine | :            |
|                   |                  | Others                                 | :            |

| MONITOR |       |         |            | INFUSION PUMP |       |      |            |
|---------|-------|---------|------------|---------------|-------|------|------------|
| Date    | Start | Date    | Disconnect | Date          | Start | Date | Disconnect |
| 22/9/24 | 12:18 | 23/9/24 | 19:30      |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |

| OXYGEN  |       |         |            | SYRINGE PUMP |       |      |            |
|---------|-------|---------|------------|--------------|-------|------|------------|
| Date    | Start | Date    | Disconnect | Date         | Start | Date | Disconnect |
| 22/9/24 | 13:20 | 23/9/24 | 19:30      |              |       |      |            |
|         |       |         |            |              |       |      |            |
|         |       |         |            |              |       |      |            |
|         |       |         |            |              |       |      |            |

| 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]



[illegible]

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