

 Medway Hospitals® The way to better health (A Unit of United Alliance Healthcare)		BILLING CARD		 			
Patient Name		Mrs. MANJULA SURANA		D.O.A. 28/09/24		Time 08:58 AM	
IP No.		59/Female/MHI202486061					
Room No.		28/09/2024/IP112024002282					
		Dr. KAILASH A JAIN					
				TRANSFER DETAILS		Rent Per Day <u>R/L</u>	
Date	Time	From	To	Nurse's Signature			
28/9/24	9.35	Cathlab	RL	[Signature]			
28/9/24	11.30	RL	Cathlab	[Signature]			
28/9/24	12.30	cath lab	RL	[Signature]			
OPERATION THEATRE							
Date : 28/9/24				OT No. : Cath lab II			
Surgeon : Dr. Gnanavelu				Start Time : 11.50			
I Asst. Surgeon :				End Time : 12.20			
II Asst. Surgeon :				Dis. Pack :			
III Asst. Surgeon :				Diathermy :			
Anaesthetist :				C-Arm :			
OT Nurse : R/L Bawatharini				Arthroscopy :			
Name of Surgery : CAG				Laproscopy :			
				Sevoflurane / Isoflurane :			
				Inj. Fentanyl : 2ml 10ml/inj. monphi:			
				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]