Dr. G. Gnanavelu

Self

CAG

MHI/DP/2022/104

Medway Hos
The way to better
(A Unit of United Alliance Health

# BILLING CARD
## SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.SATHIYANARAYANAN
58/Male/MHI202486180
04/10/2024/IPH2024002343
Dr.G. GNANAVELU

Patient Name _____ D.O.A. 04/10/24 Time 10:00am

IP No. _____

Room No. _____ Rent Per Day _____ Rs

### TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|---|---|---|---|---|
| 4/10/24 | 10:58 | ADMISSION | Rs | [illegible] |
| 4/10/24 | 13:15 | Rs | CATHLAB | [illegible] |
| 4/10/24 | 2:00pm | cath lab | Rs | [illegible] |
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### OPERATION THEATRE

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|---|---|---|---|
| Date | : 4/10 | OT No. | : |
| Surgeon | : Dr. GCL | Start Time | : 13:50pm |
| I Asst. Surgeon | : | End Time | : 2:20pm |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : R/N Bhavaray | 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

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### ALPHA BED

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### SCD PUMP

| Date | Start | Date | Disconnect |
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### VENTILATOR

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED :<br>BILL CLEARED : 9,735 Y.<br>RETURNS CHECKED : 4/10/24 | T-16,000/- |

**CROSS MATCHING :**

**RESERVATION PF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

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