

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mr.GANESAN T N

69/Male/MH34992

12/08/2024 1PM2024000681

IP No.

Dr. MEDWAY HOSPITAL

Room No.



D.O.A. 12/8/24 Time 6:00

Rent Per Day 4000/-

TRANSFER DETAILS

TRANSFER DETAILS				
Date	Time	From	To	Sister Signature
12/8/24	8.00 pm	ER	Recovery	H. Jaminmoh/5/19

OPERATION THEATRE

OPERATION	
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 :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

[illegible]

OXYGEN

[illegible]

T4. Insulin. **SYRINGE PUMP**

Date	Start	Date	Disconn
12/8/24	6:30pm	14/8/24	1pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Discon

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

12/8/24	ECG (5638)		
12/8/24	X-Ray (5639)		
13/8/24	Echo (5663)		
13/8/24	USG Abdomen (Dr. Ganagrasuathi) (5663)		
13/8/24	CT abdomen (5708)		

CBG

CBG

12/8/24	CBG (5636)			
13/8/24	CBG 7 (5645)			
	CBG 4 (5668)			
15/8/24	CBG (5) (5733)			
15/8/24	CBG (5) (5734)			
16/8/24	CBG (2) (5780)			

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

