BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Child.NIVIN AARAV V
2'Male/MHM63990
13/08/2024/IPM2024000696
Dr.MEDWAY HOSPITAL

IP No. _____

Room No. __

D.O.A. 13/8/24 Time 10.44 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/8/24	11.45 PM	ER	III 2nd floor	H. Kannel/3097
14/8/24	1. PM	309 (Room No)	304 (Room No)	from 319

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	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconne

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconne

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconn

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	:

Date	LABORATORY
13/8/24	LFT, RFT (5683)
14/8/24	platlet, PCV, SUGT, SUPT, Blood grouping and typing (5706)
15/8/24	CBC CRP (5761)
16/8/24	CBC SGPT SGOT (5786)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR NARAYANAN	13/8/24	14/8/24	15/8/24	16/8/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge