

10:45am

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Mrs. BAKYA LAKSHMI

39/Female/MHM202302727

Patient Name 07/12/2023/IPM2023001007

IP No. Dr. MEDWAY HOSPITAL

Room No.

D.O.A. 07/12/23 Time 8:30pm

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/12/23	10:09pm	ER	3rd floor	S/n Kaur
8/12/23	10am	3rd floor (Sob)	(OT)	2000 313
8/12/23	11:55pm	3rd floor OT	Dr. H. D. R.	Smt. 3169

OPERATION THEA TRE

Date	: 8/12/2023	OT No.	: OT-1
Surgeon	: DR. PADMA PRIYA / DR. SHIVA	Start Time	: 10:45 AM
I Asst. Surgeon	:	End Time	: 11:30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. ANAND	C-Arm	:
OT Nurse	: VASANTHA / SANGAVI	Arthroscopy	:
Name of Surgery	: LAPROSCOPY (D) OVARIAN	Laprosocopy	:
	: LYCTECTOMY.	Sevoflurane / Isoflurane	:
	: GUA	Inj. Fentanyl	: (1 amp used)
		Others	: COMPANY LAP UNIT USED.
			: INSTRUMENT
			: INFUSION PUMP

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/12/23	11:40am	8/12/23	1:40pm				

SYRINGE PUMP

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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
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Date					
8/12/23	(P)	OVARIAN	LYST - WALL	SPECIMEN	SEND

② OVARIAN CYST - WALL SPECIMEN
TO MAHAMEDWALI HOSPITAL. ()

[illegible]

[illegible]