B/O.SUGANYA
0/Female/MHM202302740
08/12/2023/IPM2023001009
Dr.MEDWAY HOSPITAL

BILLING CARD

Patient Name B/o. Suganya D.O.A. 08.12.23 Time 7.00am

IP No. IPM2023001009

Room No. Cradle Rent Per Day 0

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/12/23	9am	OT	LIR	M. Mallika 8/12
8/12/23	5.30 pm	pt shifted to	Prashant hospital	
8/12/23	9.30pm	pt received Medway hospital.		S/N Chamathi (3140

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	:

MONITOR

Date	Start	Date	Disconnect
8/12/23	7am	8/12/23	5.30 pm

INFUSION PUMP

Date	Start	Date	Disconnect
8/12/23	9am.	8/12/23	5.30 pm

OXYGEN

Date	Start	Date	Disconnect

~~SYRINGE PUMP~~ Valgmar

Date	Start	Date	Disconnect
8/12/23	7am.	8/12/23	5.30 pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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**

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

CBG

(13)

CBG

8/12/23	CBG (6) ~~(4058)~~		~~4065~~				
9/12/23	CBG ~~(97~~ (4070)						

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SHANTH	9/12/23						
Dr. Selvi- (Pediat)	10/12/23						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Not billed BILL CLEARED : No bills RETURNS CHECKED : 11/12/23 1.09pm	

Other Procedures : (specify) :-

BABY RESUSCITATED BY DR. SHANTH

Asha 3/12/23

Admission Officer :

Sister In-charge