



B/O. GEETHA D

0/Female/MHM202302989

23/12/2023/IPM2023001062

Dr. MEDWAY HOSPITAL



Patient

IP No.

Room No. 114

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 23/12/23 Time 10:44 Am

Rent Per Day CRADLE

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/12/23	10:44am	OT	OT Floor Room 114	SIN Kishanani 3027

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Inj. Fentanyl :
	Others :

[illegible]

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

CBG

CBG

23/12/23

① C/S

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

