

P.T 11:am 30/12/23

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name B/O Geetha

B/O. GEETHA D

O/Female/MHM202302989

28/12/2023/IPM2023001074

Dr. MEDWAY HOSPITAL

D.O.A. 28/12/23 Time 10:30pmIP No. IPM2023001074Room No. 111

Rent Per Day _____

Date	Time	From	To	Sister Signature
28/12/23	11:00pm	ER	1st floor.	G. Sandhya 3189

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 :	Laprosopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR PHOTOGRAPHY

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/12/23	11:00pm	30/12/23	11am				

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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

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

CBG

CBG

	CBG						
Date							

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]