B/O.NANDHINI M
0/Male/MHM202403138
05/01/2024/IPM2024000012
Dr.MEDWAY HOSPITAL

09/01/24 10:30 AM

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name B/O [illegible]

D.O.A. 05/01/2024 Time 10.26 AM

IP No. IPM2024000012

Room No. CRADLE

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/1/23	11.30am	OT	3rd Floor R-No: 306	SIN Krishnavai / 3023

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 & warmer / INFUSION PUMP Monitor

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/1/24	10.30am	5/1/24	11.30am.	5/1/24	10.30 AM	5/1/24	11.30am

~~OXYGEN~~ PhotoTherapy (Double) / SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/1/24	1.30PM	8/1/24	1.30PM				

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
7/1/24	Sr. Bilirubin ✓ Blood Group & Rh Type (O101) ✓
9/1/24	Thyroid Profile (Free) Bilirubin (Total), Bilirubin (Indirect), Bilirubin (Direct) (0134)

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

CBG

5/1/23	2 (~~0077~~)		
6/1/23	2 (~~0078~~) + 1 (~~0083~~)		
8/1/23	1 (~~0111~~)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Krithika	5.1.24	6.1.24	7.1.24	8.1.24	9.1.24		

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

Other Procedures : (specify) :-

Baby Pesvsutated by Dr. Krithika on 5.1.24

Vaccination done 6.1.24 by Dr. Krithika

Admission Officer :

Sister In-charge