21 JAN 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mrs.LAKSHMI V
85/Female/MHV202401119
19/01/2024/IPV2024000037
– Dr.MEDWAY HOSPITALS

Patient Name _____ D.O.A. 19/01/24 Time 9.50pm

IP No. _____

Room No. Sing Room non AC 316. Rent Per Day 1400

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/01/24	9.50pm	ER.	ward.	

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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
20/1/24	FBS, PPBS, HbA1c (0347)
20/1/24	URINE ROUTINE ANALYSIS, URINE KETONE BODIES (0355)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
19/1/24	ECG (0334)		
20/1/24	USG abdomen (0334) Dr. Dhiraj		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
20/1/24	1+1+1+1						
21/1/24	1+1+1						

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAMAL (PULMO)	19/1/24	20/1/24	21/1/24				

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

Other Procedures : (specify) :-

I. Sahu 19/1/24

Ref Form