C-R-5.04pn

MH/ PRINT / 0007 / BILL / FO

# BILLING CARD

B/O.AKSHATHA. K
O/Malc/MHM202403394
23/01/2024/IPM2024000054
Dr.MEDWAY HOSPITAL

Patient Name _____ D.O.A. 23/01/24. Time 8:15 pm

IP No. _____

Room No. _____ Rent Per Day _____

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 23/1/24 | 9pm | OT | 3odfloor 303 | Mallika 3107 |
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## OPERATION THEA TRE

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|---|---|---|---|
| Date | : 23/1/23 | OT No. | : I |
| Surgeon | : Dr. Sarala | Start Time | : 8:00 pm |
| I Asst. Surgeon | : | End Time | : 9:00 pm |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : Dr. Sunder. | C-Arm | : |
| OT Nurse | : | Arthroscopy | : |
| Name of Surgery | : Emergency LSCS | Laproscopy | : |
| Alive boy baby @ 8:15 pm weight 3.08 kg | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : baby warmer, monitor, weight (warmer) machine used. |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 23/1/24 | 8.15 pm | 23/1/24 | 9.15 pm. |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 23/1/24 | 8.15 pm | 23/1/24 | 9.20 pm. |
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SINGLE

## OXYGEN photo Therapy

| Date | Start | Date | Disconnect |
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| 25/1/24 | 8.30pm | 27/1/24 | 9:00Pm |
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## SYRINGE PUMP

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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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## 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 |
|---|---|
| 25/1/24 | T-Bilirubin, D. Bilirubin, In.Direct Bilirubin |
| | Blood grouping typing (DHGH) |

| RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
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| Date | PHYSIOTHERAPY |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| DO Kiothika | 23/1/24 | 24/1/24 | 25/1/24 | 26/1/24 | 27/1/24 | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : NIL<br>BILL CLEARED :<br>RETURNS CHECKED : 2243 | |

Other Procedures : (specify) :-

25/1/24 at 2pm Vaccination done

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Amount given to doctor

8359

Admission Officer :

Sister ~~In-charge~~