Package.

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mr.PETCHI MUTHU A
32/Male/MHM202403450
28/01/2024/IPM2024000060
Dr.MEDWAY HOSPITAL

Patient Name

IP No. _____

Room No. ___

D.O.A. 28/1/24 Time 8:45PM.

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/01/24	9.30 pm	ER	3rd floor	SIN Rochal.
29/01/24	4.45AM	3rd floor	OT	SIN Ashe
29/1/24	6.40PM	OT	3rd FLOOR.	SIN Vasanth.

OPERATION THEA TRE

Date	: 29/1/24	OT No.	: 1
Surgeon	: DR VIVEKRAJAN	Start Time	: 5 PM
I Asst. Surgeon	:	End Time	: 6.15 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR PRANATHI	C-Arm	:
OT Nurse	: SIN Sangavi Vasanth	Arthroscopy	:
Name of Surgery	: Tympanoplasty.	Laproscopy	: USed
	V CTB.	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1amp USed.
		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

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vivek Raajan	29/1/24						

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

Other Procedures : (specify) :- OT clearance done [signature] 3022

29/1/24 @ 2pm
S/N Gomal [signature]
3144

Admission Officer :

Sister In-charge