



BILLING CARD

Patient Name SainirangaIP No. 8pm 2024 000254Room No. 309

Master. SAINIRANJAN. M

9/Male/MHM202404340

01/04/2024/IPM2024000254

Dr. MEDWAY HOSPITAL

D.O.A. 01/4/24 Time 9:10pmRent Per Day 1500

Date	Time	From	To	Sister Signature
1/4/24	10pm	ER	3rd floor	SIN Thilaga
2/4/24	5:15pm	3rd floor	OT	SIN Arslan
2/4/24	7:45pm	OT	3rd floor	SIN 3171

OPERATION THEA TRE

Date	: 2/4/24	OT No.	: 01
Surgeon	:	Start Time	: 5:30 AM
I Asst. Surgeon	:	End Time	: 7:30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. PRANATHI	C-Arm	:
OT Nurse	: RAGAN	Arthroscopy	:
Name of Surgery	: Adenoidectomy & Tonsillectomy. & GA	Laprosopy	: USED (HOSPITAL)
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1amp. USED
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :

[illegible]

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