BILLING CARD

INSURANCE

Mrs.SARANYA A.
30/Female/MHM202403493
01/02/2024/IPM2024000069
Dr.MEDWAY HOSPITAL

Patient Name _____ D.O.A. 1/2/24 Time 10 am

IP No. _____ Rent Per Day 4000 /-

Room No. 304

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/2/24	12 PM	ER	3rd floor (304)	Subashini

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**

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

1/2/24	Foot AP/OB (058)	
	Leg (R) AP/lat (058)	
2/2/24	Right hand AP/oblique (025)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Balaji (ORTHO)	2/2/24	2/2/24					
DR. Mohammed	01/2/24						
siddique.							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 5561	
BILL CLEARED :	
RETURNS CHECKED : [signature] 2504	

Other Procedures : (specify) :-

Small dressing done in ER on 1/2/24
small dressing done in word by Dr. Mani 2/2/24
2/2/24 POP done for Dr. Balaji Sir

[signature] 3028

3186 Admission Officer :	Sister In-charge