BILLING CARD

B/O.PAVLIN SHEELA
O/Malc/MHM202403605
10/02/2024/IPM2024000103
Dr.MEDWAY HOSPITAL

Patient Name
IP No.
Room No.

D.O.A. 10/2/24 Time 3:36P

Rent Per Day CRADLE.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/2/24	5.00pm	OT	3rd floor 302	Sd/ Malika

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
11/2/24	10.10PM	13/2/24	10.30AM

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
12/2/24	SBR, Bld group & typing (0932)
12/2/24	~~CBC~~, ~~CBP~~ (0935)
13/2/24	~~TSH~~ (Cancel), Total Bilurubin, Direct Bilurubin, ~~Indirect~~ Bilubin (0974)

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

CBG				CBG			
10/2/24	3 (0913)						
11/2/24	1 (0913) + 3 (0918)						
11/2/24	1 (0918) + 3 (0922)						
12/2/24	1 (0922) + 2 (0932) + 8 (0936) + 1 (0953)						
13/2/24	2 (0953) 1 + (0977)						
14/2/24	2 (0969) + 1 (0992) + 2 ( ) + 1 ( )						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr: Krithika	11/2/24	11/2/24	12/2/24	13/2/24	14/2/24		
Dr - Binu	12/2/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 1640/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

14/2/24 Vaccination done by Dr. Krithika mam

Admission Officer :

Sister In-charge