

**BILLING CARD**

INSURANCE

Patient Name MAHESHD.O.A. 11/2/24 Time 7:45pmIP No. IPM2024000105Room No. 304

Mr. MAHESH. D

44/Male/MHM202403612

11/02/2024/IPM2024000105

Dr. MEDWAY HOSPITAL



Rent Per Day _____

Date	Time	To	Sister Signature
11/2/24	08:30 am	304	<i>[Signature]</i>
11/2/24	10:00 am	304	<i>[Signature]</i>
11/2/24	12:30 pm	304	<i>[Signature]</i>

OPERATION THEA TRE

Date	: 11/2/24	OT No.	: 01
Surgeon	: DR. BALAKRISHNAN	Start Time	: 11 AM
I Asst. Surgeon	: 30000	End Time	: 12:00 PM
II Asst. Surgeon	: 1000	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USC
Anaesthetist	: DR. SUNDAR S.S	C-Arm	:
OT Nurse	: S/N Masekha, Mahil	Arthroscopy	:
Name of Surgery	: Tumor	Laproscopy	:
Laser Haemorrhoidectomy & Fissurectomy & SA		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Laser machine used (cut skin)

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 :

[illegible]

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