

**BILLING CARD**

Mrs. SANGAVI. S

27/Female/MHM202403875

27/02/2024/IPM2024000156

Dr. MEDWAY HOSPITAL

Patient Name SangaviIP No. IPM2024000156Room No. 304D.O.A. 27/2/24 Time 6:15 PM

Amount Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/2/24	7.10pm	ER	3 rd floor 302	SIN Sandhya
25/2/24	9.40pm	30d floor 302	OT	Dr. Monohar
27/2/24	11 PM	OT	3 rd floor	SIN 217

OPERATION THEA TRE

Date	: 27/2/24	OT No.	: 01
Surgeon	:	Start Time	: 10 PM
I Asst. Surgeon	: DR. Bolemeraggs	End Time	: 11 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	: DR. Monohar	C-Arm	:
OT Nurse	: SIN Vasanthy	Arthroscopy	:
Name of Surgery	:	Laproscopey	:
Hemorrhoidectomy & Pissurectomy		Sevoflurane / Isoflurane	:
& Shuntectomy		Inj. Fentanyl	:
		Others	:

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	
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I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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