C.R-07.03.24 @ 8.30 am

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name _ Master.KEERTHI INDRA VADAI
10/Male/MHM202403994
06/03/2024/IPM2024000184
Dr.MEDWAY HOSPITAL

D.O.A. 6.3.24 Time 3.30p.m

IP No. _____

Room No. ___

Rent Per Day 4000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/3/24	4-30pm.	ER.	3rd Floor	SIN Krishnavi 3002
6/3/24	7.40pm	3rd Floor	OT	SIN Krishnavi 3002
6/3/24	9.20pm	OT	ICU	SIN SMT 3169
6/3/24	11.20pm	ICU	3rd Floor 307	SIN. Rubini 3148

OPERATION THEA TRE

Date	: 6/3/24	OT No.	: OT-1
Surgeon	: DR. SURESH	Start Time	: 8.00pm
I Asst. Surgeon	:	End Time	: 8.30pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. THIYAGARAJAN	C-Arm	:
OT Nurse	: SANJAVI	Arthroscopy	:
Name of Surgery	: WIRING OF DENTOALVEOLAR # MAXILLA ↓ GA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 AMP USED
		Others	:

MONITOR

Date	Start	Date	Disconnect
6.3.24	9.20pm	6.3.24	11.20pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
6.3.24	9.20pm	6.3.24	11.20pm

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
9/3/24.	CBC, CRP, RBT, LFT (ISAT.)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sreejith.	7/3/24						
Dr. Dijesh	6/3/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Amt. RS. 8115.00	
BILL CLEARED :	
RETURNS CHECKED : paid	

Other Procedures : (specify) :-

OT clearance

Ant 2160

Kasthoorbai 3022