BILLING CARD

Patient Name: Mr.HEMANTH O
23/Male/MHM202404383
05/04/2024/IPM2024000265
Dr.MEDWAY HOSPITAL

IP No. _____

Room No. ___

D.O.A. 5/4/24 Time 9.00 PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/4/24	9pm	ER	1st Floor (111)	Sl. Kan
6/4/24	4.50am	1st Floor	OT	Sl. Suba 3/4
6/4/24	7.10pm	OT	3rd Floor	Sroop 317

OPERATION THEA TRE

Date	: 6/4/24	OT No.	: 01
Surgeon	: DR. VIVEK Rajan	Start Time	: 5 AM
I Asst. Surgeon	:	End Time	: 7 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. RAMNATH	C-Arm	:
OT Nurse	: SIS KOSONTHA	Arthroscopy	:
Name of Surgery	:	Laproscopy	: LAP Instrument use d
SMST FESS Posterior Nasal Neurectomy Ø GTB		Sevoflurane / Isoflurane	: by manageme
		Inj. Fentanyl	: 1 amp,
		Others	: Debrider, machine US

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
6/4/24	7.10 Am	6/4/24	8.20 Am.

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			

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vivekrajaan.	6/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :- OT clearence done Adv - 20,000/-

Admission Officer : B. Vijay 3/2024

Sister In-charge