INSURANCE

BILLING CARD

Master.KAVIN M
8/Male/MHM202404537
17/04/2024/IPM2024000299
Dr.MEDWAY HOSPITAL

Patient Name
IP No.
Room No.

D.O.A. 17/4/24 Time

Rent Per Day ₹4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	9.15pm	ER	3rd floor (307)	Received.
17/4/24				
18/4/24	7.30am	OT	ICU	
18/4/24	8:30am	ICU	3rd floor (307)	(307) Fondel 3198

OPERATION THEA TRE

Date	: 18/4/24	OT No.	: OT - 1
Surgeon	: DR. PRAVEENA	Start Time	: 6.00 Am
I Asst. Surgeon	:	End Time	: 7.00 AM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SRINIVALA RAMANAN.	C-Arm	:
OT Nurse	: SANJANI	Arthroscopy	:
Name of Surgery	: ADENO TONSILLECTOMY.	Laproscopy	:
	& GA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 AMP ULED.
		Others	:

MONITOR

Date	Start	Date	Disconnect
18/4/24	7:30am	18/4/24	8:30am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
18/4/24	7:30am	18/4/24	8:30am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

	OT. No. :
Date :	Start Time :
Surgeon :	End Time :
I Asst. Surgeon :	Dis. Pack :
II Asst. Surgeon :	Diathermy :
III Asst. Surgeon :	C-Arm :
Anaesthetist :	Arthroscopy :
OT Nurse :	Laproscopy :
Name of Surgery :	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	

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. Ramanan (Ans)	17/4/24						
Dr. Prakeena	18/4/24	19/4/24					

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

Other Procedures : (specify) :- OT Clearance done [signature] Adv: 5000/-

Admission Officer : [signature]

For [signature] 3143

Sister In-charge