

**BILLING CARD****Mr. NAVIN M**

20/Male/MHM202404591

Patient Name

23/04/2024/IPM2024000313

D.O.A. 23/4/24 Time 11:00 PM

IP No. \_\_\_\_\_

Dr. MEDWAY HOSPITAL

Room No. \_\_\_\_\_

Rent Per Day 1500/-**TRANSFER DET AILS**

| Date    | Time     | From | To            | Sister Signature |
|---------|----------|------|---------------|------------------|
| 23/4/24 | 11:55 PM | ER   | 3rd floor 309 | Paul 3170        |
| 24/4/24 | 1 AM     | 309  | 303           | S. A. 3170       |
| 24/4/24 | 5:35 AM  | 303  | OT            | S. A. 3170       |
| 24/4/24 | 6:45 AM  | OT   | 3rd floor     | S. A. 3170       |
|         |          |      |               |                  |

**OPERATION THEA TRE**

|                       |                |                          |               |
|-----------------------|----------------|--------------------------|---------------|
| Date                  | : 24/4/24      | OT No.                   | : 01          |
| Surgeon               | : DR KIRKORIAN | Start Time               | : 6 AM        |
| I Asst. Surgeon       | :              | End Time                 | : 6:30 AM     |
| II Asst. Surgeon      | :              | Dis. Pack                | :             |
| III Asst. Surgeon     | :              | Diathermy                | :             |
| Anaesthetist          | : DR PRANTHI   | C-Arm                    | :             |
| OT Nurse              | : Vasanini     | Arthroscopy              | :             |
| Name of Surgery       | :              | Laprosocopy              | :             |
| closek nasal bone     |                | Sevoflurane / Isoflurane | :             |
| Procedure reduction & |                | Inj. Fentanyl            | : 1 amp. used |
| up.                   |                | Others                   | :             |

**MONITOR****INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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| 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 :   | Laproscopey :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

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