

BILLING CARD**Mrs. LATHA**

Patient Name

50/Female/MHM202404717

03/05/2024/IPM2024000348

IP No. _____

Dr. MEDWAY HOSPITAL

Room No. _____



D.O.A. 3/5/24 Time 8.30PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/5/24	9.45pm	BR.	SS Floor 113	S. M. Kalai
3/5/24	4.00am	1st Floor 113	OT	3176
4/5/24	6.00am	OT	1st Floor 113	Kalai

OPERATION THEA TRE

Date	: 4/5/2024	OT No.	: 1
Surgeon	: Dr. Vivek Rajan	Start Time	: 4.25am
I Asst. Surgeon	:	End Time	: 5.25am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Pranathi	C-Arm	:
OT Nurse	: Sangavi	Arthroscopy	:
Name of Surgery	: FESS under GA	Laproscope	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
	80						

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/5/24	8.40am	4/5/24	10.20am				

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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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