MediAssist

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mr.JENO SAMSON
23/Male/MHM202404794
09/05/2024/IPM2024000370
Dr.MEDWAY HOSPITAL

IP No. _____

Room No. ___

D.O.A. 9/5/24 Time 8.15PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24	9.10pm	ER	Ist floor 111	MDhanapriyo
10/5/24	4.30am	Ist floor 114	OT	Dhanapriyo
10/5/24	8.00 AM	OT	1st floor	Shyji 3164.

OPERATION THEA TRE

Date	: 10/5/24	OT No.	: 01
Surgeon	: DR. VIVEK RAJAN	Start Time	: 5.00 AM
I Asst. Surgeon	:	End Time	: 7.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. PRANATHI	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: SEPTOPLASTY & FESS. & (R) RETROGRADE MASTOIDECTOMY & ATTICOTOMY & ATTIC RECONSTRUCTION. & GIA	Laproscopy	: LIGHT SOURCES & CAMERA USED
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 AMP USED.
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
10/5/24	8.30AM	9.30AM	

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 vivek	9/5/24	10/5/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Rs. 11630.00	
BILL CLEARED : 10/5/24	
RETURNS CHECKED : 9.46pm	

Other Procedures : (specify) :- OT clearence done 30/5

Admission Officer:

Sister In-charge