BILLING CARD

Patient Name: Mrs.JAYASHRI V
38/Female/MHM202404895
19/05/2024/IPM2024000408
Dr.MEDWAY HOSPITAL

IP No. _____

Room No. __

D.O.A. 19/5/24 Time 8.00PM

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/5/24.	9.30 pm	ER	3rd floor 309	Paul 3170
20/5/24	3.40PM	3rd floor (309)	OT	Sandhya 3189
20/5/24	8.10AM	OT	3rd Floor	V. Shyfi 3167

OPERATION THEA TRE

Date	: 20/5/24	OT No.	: OT - 1
Surgeon	: DR. VIVEK RAJAAN	Start Time	: 4.30 AM
I Asst. Surgeon	:	End Time	: 6.00 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. PRANATHI	C-Arm	:
OT Nurse	: SANJANA V	Arthroscopy	:
Name of Surgery	: 3MP T FESS T POSTERIOR NASAL NEUROCTOMY T (I) FAR ATTIC RECONSTRUCTION. ↓ GA	Laproscopy	: LIGHT SOURCE & 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

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

19/5/24	ECG (3600)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. VIVEK RAJAN	29/5/24	20/5/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 6398/- BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

OT clearance

3204

Admission Officer :

Sister ~~In-charge~~