BILLING CARD

Mrs.SIVAGAMI
44/Female/MHM20240493+
22/05/2024/IPM2024000419
Dr.MEDWAY HOSPITAL

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 22/5/24 Time 11.00pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/5/24	12 am	ER.	3rd Floor 309.	Raul 3170.
23/5/24	6 AM	3rd floor	OT	Sanathiya 3139
23/5/24	9 AM	OT	3rd floor	Smti 3169

OPERATION THEA TRE

Date	: 23/5/24	OT No.	: OT - 1
Surgeon	: DR. MOHAN	Start Time	: 6.30 AM
I Asst. Surgeon	:	End Time	: 8.00 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SIVA SANKAR	C-Arm	:
OT Nurse	: VASANTHA	Arthroscopy	:
Name of Surgery	: (L) KNEE ACL & MENISCUS REPAIR W SA	Laproscopy	: LIGHT SOURCES & CAMERA USED
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		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			

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mohan	23/5/24	24/5/24					

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

Other Procedures : (specify) :-

OT clearance

3204

3204

Admission Officer :

Sister In-charge