

D.O.A - 23/5/24

II floor

D.O.D - 23/5/24 at 5pm.

cash

BILLING CARDMedway J
The way to
(A Unit of United A

Child. THUTHITHASRI

9/Female/MHC202417361

23/05/2024/IPC2024001438

Patient N

Dr. ARTHI

IP No. _____

Room No. _____

Ngen-wmd

D.O.A. 23/5/24 Time 09:06

Rent Per Day

1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

✓ Date 23/5/24 CBL => 6660

[illegible]

ACT

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS