BILLING CARD

Mr.SREENIVASAN C P
75/Male/MHM202405118
07/06/2024/IPM2024000465
Dr.MEDWAY HOSPITAL

Patient Name _____ D.O.A. 7/6/24 Time 3:45PM

IP No. _____

Room No. ___ Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/6/24	4.20 PM	G.R.	3rd Floor RU307	[illegible] 3022.
7/6/24	5.20 PM	3rd Floor 307	OT	[illegible] 3022
7/6/24	9.00 PM	3rd Floor OT	3rd Floor	307 [illegible]

OPERATION THEA TRE

Date	: 7/6/24	OT No.	: 01.
Surgeon	: DR Suresh Dentist	Start Time	: 5.30 PM
I Asst. Surgeon	:	End Time	: 9.00 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR Thiyagerajan	C-Arm	:
OT Nurse	: Sangeeta	Arthroscopy	:
Name of Surgery	: TOTAL EXTRACTION WITH IMPLANT REPLACEMENT	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2 map used
		Others	:

MONITOR

Date	Start	Date	Disconnect
7/6/24	9pm	8/6/24	6pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/6/24	9pm.	8/6/24	12AM

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

8/6/24	2+1	(A104)	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Suresh.	7/6/24	8/6/24					

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

Other Procedures : (specify) :-

OT CLEARANCE GIVEN

30/5

Admission Officer

30/5

Sister In-charge

31/5