BILLING CARD

Patient Name: Mrs.MISHA P S
40/Female/MHM202405532
04/07/2024/IPM2024000539
Dr.MOHAMMED SIDDIQUE

IP No. _____

Room No. ___

D.O.A. 4/7/24 Time 8:00

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24	9.15PM	ER	Ist floor W4 OT	Rani
5/7/24	5.10am	Ist floor W4 OT	1st floor	Rajarajeswari
5/7/24	7.30 AM			Shyji 3169

OPERATION THEA TRE

Date	: 5/7/24	OT No.	: OT-1
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.30AM
I Asst. Surgeon	:	End Time	: 7.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SYED	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: FUNCTIONAL ENDOSCOPIC SINUS SURGERY. U/GA	Laproscopy	: LIGHT SOURCES & CAMER USED [MEDW
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
05/07/24	7.30Am	05/07/24	11Am.

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
5/7/24	POLYPOIDE MUCOSA SPECIMEN SENT TO MAIN MEDWAY HOSPITAL. [HPE] (Q647)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

4/7/24 (1) 637

CBG

PHYSIOTHERAPY

Date

NEBULIZER

4/7/24 (1)
5/7/24 (1)

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Mohammed Siddique	05/07/24	05/7/24	6/7/24				
DR. Namidha	6/7/24						

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

Other Procedures : (specify) :- OT clearance done 30/7

Admission Officer :

Sister In-charge