BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. christina Mary-le D.O.A. 23/7/24 Time 1.00pm

IP No.

Room No. Recovery Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/7/24	9.30pm	Recovery	OT	Rani
23/7/24	10.45PM	OT	RECOVERY	Shuji 3169

OPERATION THEATRE

Date	: 23/7/24	OT No.	: OT-1
Surgeon	: DR. BALAMURUGAN	Start Time	: 10.00PM
I Asst. Surgeon	:	End Time	: 10.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: VIED
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: SANJANI	Arthroscopy	:
Name of Surgery	: HAEMORRHOIDECTOMY	Laproscopy	:
	W SA	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 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	:
		Others	:

Date	LABORATORY
23/7/24	HAEMORRHOLD SPECIMEN SEND TO MAIN MEDWAY HOSPITAL ~~HPE-1~~ (5115) HPE-1

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

23/7/24	X-Ray ~~Chest~~ (5107)		
23/7/24	ECG ~~(5106)~~		

CBG

23/7/24	~~CBG-1~~ + ① ~~(5108)~~		
24/7/24	① ~~(5116)~~		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Dat

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

Other Procedures : (specify) :-

OT clear
3204

Admission Officer : 3204

Sister In-charge