BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Ms.MANI MEGHANA A
24/Female/MHM202405972
06/09/2024/IPM2024000788

IP No. _____

Room No. ___

Dr.MEDWAY HOSPITAL

D.O.A. 06/09/24 Time 12.30pm.

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
06/9/24.	1.40pm	ER	1st floor 114	R. Devi/3208
6/9/24	5pm	114	OT	Asha
6/9/24	9pm	OT	ICU	Vasanthi 2121
7/9/24	9.30Am	ICU	IIIrd Floor	Kalaivani

OPERATION THEATRE

Date	: 6/9/24	OT No.	: 01
Surgeon	: DR Suresh	Start Time	: 6. pm
I Asst. Surgeon	:	End Time	: 9 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: DR Thiyagarayan.	C-Arm	:
OT Nurse	: Jaison, Prasanth	Arthroscopy	:
Name of Surgery:		Laproscopy	:
Rehino plasty. U GA.		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1ml used
		Others	:

MONITOR

Date	Start	Date	Disconnect
6/9/24	9pm	7/9/24	9.30Am.

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

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suresh	08/9/24	9/9/24					

PHARMACY

OT DRUGS REPLACED : Bill Amount = 23901/-

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Nil

Out Source of Diet

OT - Instruments

EEG / NCS

Endoscopy / colonoscopy

Other Procedures : (specify) :-

OT CLEARANCE GIVEN

30/8/24

Admission Officer :

Sister In-charge