

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name PlanchezhayanIP No. IPM 2024000628Room No. 306

Master: ILANCHEZHIAN. K

8/Male/MHM202405992

28/07/2024/IPM2024000628

Dr. MEDWAY HOSPITAL

D.O.A. 28/7/24 Time 7:40pmRent Per Day 1000

Date	Time	From		Sister Signature
28/7/24	8pm	ER.	3rd floor 306	Paul 3170

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 :

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

OPERATION THEATRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

[illegible]

