

Ref Dr Narendra  
Mr. prabir

SELP

m.m

MHI/DP/2022/104



**Medway Hospitals**  
The way to better health  
(A Unit of United Alliance Healthcare Pvt Ltd)

## BILLING CARD





**Patient Name** \_\_\_\_\_

**IP No.** \_\_\_\_\_

**Room No.** \_\_\_\_\_

**Mrs.INDHARANI**  
55/Female/MHI202485094  
03/10/2024, 1P112024002322  
Dr. RAJESH V



**D.O.A.** 3/10/24 **Time** 12.10 pm

**Rent Per Day** CCU

| Date    | Time  | From | To  | Nurse's Signature                                                                   |
|---------|-------|------|-----|-------------------------------------------------------------------------------------|
| 3/10/24 | 12.10 | FO   | CCU |  |
|         |       |      |     |                                                                                     |
|         |       |      |     |                                                                                     |
|         |       |      |     |                                                                                     |
|         |       |      |     |                                                                                     |
|         |       |      |     |                                                                                     |
|         |       |      |     |                                                                                     |

| 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 : 2ml 10ml/inj. monphi: |
|                     | Others :                              |

| MONITOR |       |         |            | INFUSION PUMP |       |      |            |
|---------|-------|---------|------------|---------------|-------|------|------------|
| Date    | Start | Date    | Disconnect | Date          | Start | Date | Disconnect |
| 3/10/24 | 12.10 | 3/10/24 | 3.30       |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |

| OXYGEN |       |      |            | SYRINGE PUMP |       |         |            |
|--------|-------|------|------------|--------------|-------|---------|------------|
| Date   | Start | Date | Disconnect | Date         | Start | Date    | Disconnect |
|        |       |      |            | 3/10/24      | 12.10 | 3/10/24 | 3.30       |
|        |       |      |            | 3/10/24      | 12.10 | 3/10/24 | 3.30       |
|        |       |      |            |              |       |         |            |
|        |       |      |            |              |       |         |            |
|        |       |      |            |              |       |         |            |
|        |       |      |            |              |       |         |            |

| ALPHA BED |       |      |            | SCD PUMP |       | VENTILATOR |            |
|-----------|-------|------|------------|----------|-------|------------|------------|
| Date      | Start | Date | Disconnect | Date     | Start | Date       | Disconnect |
|           |       |      |            | 3/10/24  | 12.30 | 3/10/24    | 3.30       |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |

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## 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 :   | Laproscopey :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

**Date**

**LABORATORY**

3/10/24 CBC, SPT (12980)

|         |                |
|---------|----------------|
| 3/10/24 | FCOT 2 (12980) |
|---------|----------------|

[illegible]

**ACT**

[illegible]

## PHYSIOTHERAPY

[illegible]

## OTHERS

[illegible]

