BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/O.ARFA RUQSAR
0/Female/MHM202406279
11/08/2024/IPM2024000678
Dr.MEDWAY HOSPITAL

IP No. _____

Room No. ___

D.O.A. 11/08/24 8:52am Time 2:52am

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/8/24	4:15am	OT	First floor III	

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

Date	Start	Date	Disconnect
11/8/24	2:55am	11/8/24	4:10am

WARMER ~~INFUSION PUMP~~

Date	Start	Date	Disconnect
11/8/24	2:55am	11/8/24	4:10am

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
11/8/24	BLOOD GROUPING & TYPING (LOOP) (5607)
13/08/24	SR. BILIRUBIN : TOTAL, DIRECT AND INDIRECT (5652)
13/08/24	NEWBORN SCREENING

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

13/8/24	Newborn Screening.		

CBG

11/8/24	CBG ①	56 13	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dinesh	11/8/24	12/8/24					
Dr. Raashidha	11/8/24	12/08/24					

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

Other Procedures : (specify) :-

Resuscitation done by Dr. Dinesh (11/08/24)

Vaccination given by Dr. Raashidha on 12/8/24.

Admission Officer :

Sister In-charge