BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.YUVASREE M
30/Female/MHM202406283
11/08/2024/IPM2024000679
Dr.NANDIGAM SANTOSHI

IP No. _____

Room No. ___

D.O.A. 11/8/24 Time 12:30 P

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/08/24	2pm	ER	IIIrd Floor (302)	~~Roxy~~ 3198
11/08/24	3.15 pm	3rd Floor	OT	~~Roxy~~ 3198
14/8/24	4.00 PM	OT	3rd Floor.	Shuji 3169

OPERATION THEATRE

	: 14/8/24	OT No.	: OT- I
...on	: DR. SANTHOSHI	Start Time	: 3.20 PM
Surgeon	:	End Time	: 3.40 PM
. Surgeon	:	Dis. Pack	:
... Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: CERVICAL ENCERCLAGE	Laproscopy	:
	↓CA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnec

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnec

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnec

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	:

LABORATORY

Date	
11/8/24.	Urine R/E (5618)
11/8/24	urine C/S: (5621)
12/8/24.	FBS. PPBS. HBA1C (5623)
12/8/24	HIV Rapid Sweat test (5630)
13/8/24.	CBC, PT, INR, APTT, ~~Thyroid Profile~~ Electrolytes (5648)

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

13/8/24.	ECG (5649)		
16/8/24	Obstetrical scan Done by Dr Joseph (5795)		

CBG

11/8/24	1 (5614)						
12/8/24.	2 (5650)						
13/8/24	3 (5673)						
14/8/24	4 (5736)						
17/8/24	8 (5839)						

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Santhoshi	11/8/24	12/8/24	13/8/24	14/8/24	15/8/24	16/8/24	
Dr. Senthil Kumar (Ans)							
DR. Vaishnavi	12/8/24	16/8/24					

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

Other Procedures : (specify) :-

11/8/24 Food - medway hospital provided (night)
12/8/24 Food - Medway hospital provided (Morning)
12/8/24 Food - medway hospital 2 time provided (After noon) (night)
13/8/24 to 14/8/24 Food A-N from Medway
OT CLEARANCE GIVEN

3081

Admission Officer

3082

Sister In-charge

3/24