BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.SUJATHA
61/Female/MHM202406374
16/08/2024/IPM2024000705
Dr.HAVEENA

Patient Name ______________

IP No. ______________

Room No. 308

D.O.A. 16/08/24 Time 10.45am

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	12.20Pm	ER	3rd floor 308	Sharmila
16/8/24	6.30pm	3rd floor	OT	Sandhya 8139
16/08/24	11.00PM	OT	~~3rd floor~~ ICU	SMJ 3119
16/8/24	1pm	ICU	3rd floor.	3200

OPERATION THEATRE

Date	: 16/08/2024	OT No.	: 01
Surgeon	: DR. HAVEENA	Start Time	: 8.30 PM
I Asst. Surgeon	:	End Time	: 10.30PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USED.
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: S/N MAITHILY	Arthroscopy	:
Name of Surgery	: TLH c̄ BSO	Laproscopy	: used.
	UGA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 4 ML USED.
		Others	:

MONITOR

Date	Start	Date	Disconnect
16/8/24	11pm	17/8/24	1Am.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
16/8/24	11pm	17/8/24	1Am.

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
16/6/24	UTERUS & CERVIX BIL OVERIES (SPECIMEN SEND TO MAIN MEDWAY HOSPITAL [HPE-3 (5842)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Hariom	17/8/24	18/8/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill amount = 13908/-	
BILL CLEARED :	
RETURNS CHECKED : 25/4	

Other Procedures : (specify) :-

OT Clearance: 3202

1. Catheterization Procedure done by OT at 9.00 PM

Admission Officer : 3187

Sister In-charge 3202