

Baby: JOSHANA

I/Female/MHIV202404449

04/09/2024/1PV2024000790

Dr. MEDWAY HOSPITALS



Patient

BILLING CARD

07 SEP 2024

07 SEP 2024

D.O.A. 04/09/24 Time 8:00 PM

IP No. _____

Room No. Single Room AC- 313Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/09	8:00pm	ER	ward 313	SIN 110 0128

OPERATION THEA TRE

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

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[illegible]

[illegible]

