



Patient N

IP No.

Ms. RAJAHANSA

12/Female M11V202404579

12/09/2024/IPV2024000836

Dr. MEDWAY HOSPITALS

**BILLING CARD****14 SEP 2024**

D.O.A. 12/09/24 Time 9:15am

Room No. Single room A/C - 312Rent Per Day 2200/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
12/09/2024	9:15Am	ER	ward	PN John 0008

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

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 :

Date _____

LABORATORY

13/9/24	Blood ch (5733)
---------	-----------------

[illegible]

[illegible]