BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs.GEETHA V
50/Female/MHM202406991
17/09/2024/IPM2024000832
Dr.MEDWAY HOSPITAL

D.O.A. 17/9/24 Time 6.15PM

IP No. _____

Room No. _____

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/9/24	7.10AM	ER	1st floor 114	pushpalatha

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

INFUSION PUMP

Date	Start	Date	Disconnect

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

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Balaji Bashyam (ortho)	17/9/24	18/9/24	19/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 5321/-	
BILL CLEARED : Cash paid	
RETURNS CHECKED : Time: 3.20pm. 19/9/24	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge