BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Child.HARIHARAN V
3/Male/MHM202407002
30/09/2024/IPM2024000896
Dr.MEDWAY HOSPITAL

IP No. _____

Room No. _____

D.O.A. 30/9/24 Time 12.30pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	4 P.	Daycare.	OT	Rose 3170
30/9/24	5 pm	OT	Daycare room	Sangavi 3169

OPERATION THEATRE

Date	: 30/9/24	OT No.	: 01
Surgeon	:	Start Time	: 4.30Pm
I Asst. Surgeon	: DR ROHITH.	End Time	: 5 00Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USed
Anaesthetist	: DR AKILA	C-Arm	:
OT Nurse	: Sangavi	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
	Circumcision U	Sevoflurane / Isoflurane	:
	TA done	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

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 2880/-	Nil
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge