BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/O.MALARVIZHI LOGESHWAR/ 0/Male/MHM202407264 01/10/2024/IPM2024000902

IP No. _____

Room No. ___

Dr.MEDWAY HOSPITAL

D.O.A. 01/10/24 Time 5:29

Rent Per Day Cradle

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/10/24.	8.40pm	USG Room	3rd Floor (307)	Shamila.

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
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
1/10/24	5.30 am		

Warmer ~~INFUSION~~ PUMP

Date	Start	Date	Disconne
1/10/24	5.30 am		

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconne

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconn

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
9/10/24	CBC, Free T4, TSH, SBR (7101)
	Blood grouping & Typing (7102)

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 Anaiappan	2/10/24	3/10/24	4/10/24				
1/10/24							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Resuscitation done by. Dr. Anaiappan.

Admission Officer

Sister In-charge