INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Ms.DEEPTHA D
14/Female/MHM202407334
04/10/2024/IPM2024000924
Dr.MEDWAY HOSPITAL

Patient Name

IP No. _____

Room No. ___

D.O.A. 4/10/24 Time 10:45

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/10/24	11.45PM	ER	Recovery	Sreekha

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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
05/10/24	CBC, Creatinine urine R/E (7155) urine d/t (7177)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
05/10/24	1+1+1+1						
06/10/24	(D)						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Saravana Bava	5/10/24						
DR. Dinesh	5/10/24						
DR. SANTHOSHINI	5/10/24						

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

Other Procedures : (specify) :-

Admission Officer

Sister In-charge