

G/W

I floor

Rec: 10:20



Medway JSP Hospitals
The way to be Mrs. AMULU
(A Unit of United Alliance)

BILLING CARD

Patient Na 26/Female/MHC202400390
21/01/2024/IPC2024000188

IP No. Dr. VALLIAMMAL K

Room No 

D.O.A. 21/01/24 Time 02:04 PM

Cash

Rent Per Day 1500 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 22/01/24	OT No. : ①
Surgeon : DR. VALLIAMMAL	Start Time : 10.15 PM
I Asst. Surgeon : DR. SASIKALA	End Time : 11.00 PM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : DR. RAVIKUMAR	C-Arm : -
OT Nurse : REVATHY	Arthroscopy : -
Name of Surgery : LSES	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine INT. FORTWIN -①
	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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

21/1/24

CTG

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

29/1/24

physiotherapy given $\leftarrow (1) + (1)$

25/1/24

physiotherapy given $\rightarrow 10 + 10$

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS