BILLING CARD

Medway JSP H
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(A Unit of United Alliance Hea

Mrs.SATHYA DEVI .M
32/Female/MHC202402689
17/01/2024/IPC2024000148
Dr.VALLIAMMAL K

Patient Nam
IP No. ____
Room No. ____

Ward 1B(2) D.O.A. 17/1/24 Time 9.57PM

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	18/1/24	OT No.	:	T
Surgeon	:	Dr. Valliammal D.N.O	Start Time	:	8-00 AM
I Asst. Surgeon	:	Dr. Sasikala D.N.O	End Time	:	8-45 AM
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	-
Anaesthetist	:	Dr. Ravikumar MD	C-Arm	:	-
OT Nurse	:		Arthroscopy	:	-
Name of Surgery	:	MTP & LAP ST	Laproscopy	:	Used
			Sevoflurane / Isoflurane	:	500
			Inj. Fentanyl	:	2ml 10ml/Inj. Morphine 1 AMP
			Others	:	Small Biopsy (3)

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Valliammal D.N.O	18/1/24	19/1/24					

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

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
18/1/24	Small Biopsy (3) – 20240073y

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

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS