1 Floor. (G/W)

BILLING CARD

CASH

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Health)

Mrs.LAKSHMI PRIYA .B
24/Female/MHC202402856
18/01/2024/IPC2024000160
Dr.SASIKALA

Patient Name _____ D.O.A. 18/1/24 Time 9.16 PM

IP No. _____

Room No. _____ Rent Per Day 1.500

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	19/01/24	OT No.	:	(1)
Surgeon	:	DR. SASIKALA	Start Time	:	3.30 Pm
I Asst. Surgeon	:	-	End Time	:	4.00 Pm
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	-
Anaesthetist	:	DR. RAVIKUMAR	C-Arm	:	-
OT Nurse	:	REGINA	Arthroscopy	:	-
Name of Surgery	:	D&C	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	2ml 10ml/Inj. Morphine (1) Amp
			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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sasikala Dr	19/1/24						

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

CROSS MATCHING :

RESERVATION OF BLOOD : Nil

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Discharge date & time

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
18/1/23	HB, BT CT, RBS 20240076 2

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