II FLOOR

BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Patient Nam: Mrs.AMSABAI G
84/Female/MHC202403063
20/01/2024/IPC2024000169
Dr.ARTHI

IP No. ____

Room No. _ ICU

CASH

D.O.A. 20/1/24 Time 08:41AM

Rent Per Day 5700/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
22/1/24	12.30pm	ICU	Step down ICU	

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	: 2ml 10ml/Inj. Morphine
		Others	:

MONITOR

Date	Start	Date	Disconnect
20/1/24	9am	22/1/24	12pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
21/1/24	8am	22/1/24	11am

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. Sudha (MD)	20/1/24	21/1/24	22/1/24	23/1/24	24/1/24	25/1/24	26/1/24
Dr. Mohan (pulmo)	22/1/24	23/1/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : NIL BILL CLEARED : RETURNS CHECKED :	solva scan 600 due 1-20/1/24

CROSS MATCHING : NIL

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD) 1 unit Blood Tranfusion ① 21/1/24, ② 24/1/24

ATTENDER'S HOLDING : NIL

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
20/1/24	CBC, RBS, RFT, LFT, Electrolytes, HBA1c – 0821
〃	Peripheral smear, Ferritin, Reticulocyte count, Blood group/0852
21/1/24	FBS, TFT
21/1/24	PPBS, Urine R/E – Urine C/S /0888.
22/1/24	FBS – 0914
23/1/24	FBS / CBC – 0964
23/1/24	PPBS – 0979.
26/1/24	FBS, CBC. – 1164

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

20/01/24	CXR AP → ①	Due	Shreya 0826
20/01/24	ECG	Due	Shreya.
20.1.24	USG Abdomen - 0851	Due	Nandhini

CBG

DATE	NUMBERS	DATE	NUMBERS
20/1/24	① - 0826		
21/1/24	1 - 0897		
22.1			

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	
24/1/24	physiotherapy given — ①
25/1/24	physiotherapy given — ① + ①

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
20/1/24.	1+1		
21/1/24	1+1+1		
22/1/24	1+1		
23/1/24	++1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS