I floor Non A/C

BILLING CARD

Medway JSP Hospitals
The way to better health

Mrs.ASHA.Y
40/Female/MHC202403215
21/01/2024/IPC2024000185
Dr.VALLIAMMAL K

Patient Name _____ D.O.A. 21/01/24 Time 09:18 AM

IP No. ____ Cash

Room No. _____ Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 26/01/24	OT No.	: I
Surgeon	: Dr. valliammal	Start Time	: 5.30pm
I Asst. Surgeon	: Dr. Sasikala	End Time	: 6.00pm
II Asst. Surgeon	: –	Dis. Pack	: –
III Asst. Surgeon	: –	Diathermy	: –
Anaesthetist	: Dr. Ravi kumar	C-Arm	: –
OT Nurse	: Regina	Arthroscopy	: –
Name of Surgery	: DLC	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. Valliammal. DM	21/1/24						

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

CROSS MATCHING :

RESERVATION OF BLOOD :

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

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