

INS?

II Floor

DOA: 26/1/24 at: 10.30 Am

DOD: 29/1/24 at: 5.00 pm



**Medway JSP Hospital**  
The way to better heal  
(A Unit of United Alliance Healthcare Pvt. Ltd.)

Ms. MALAVIKA

25/Female/MHC202404000

26/01/2024/IPC2024000253

Dr. SANKARLINGAM

Patient Name Ms. Malavika

IP No. \_\_\_\_\_

Room No. \_\_\_\_\_

D.O.A. 26/1/24 Time 10.30 AmRent Per Day 1500 /-

## BILLING CARD

### TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
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### 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   | : | Laproscopey                            | : |
|                   |   | Sevoflurane / Isoflurane               | : |
|                   |   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : |
|                   |   | Others                                 | : |

### MONITOR

### INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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### OXYGEN

### SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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|-------------------|--|
| OPERATION THEATRE |  |
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|                     |                            |
|---------------------|----------------------------|
| 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 :                   |

[illegible]

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

|         |                    |     |                       |
|---------|--------------------|-----|-----------------------|
| 24/1/24 | Chy 2              | due | Shingla               |
| 26/1/24 | ECOT 256           | due |                       |
| 29/1/24 | USG ABDOMEN (1369) | DUE | DR : SARAVANAN (MDRD) |
|         |                    |     |                       |
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| CBG  |         |      |         | ABG  |         | ACT  |         |
|------|---------|------|---------|------|---------|------|---------|
| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
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| Date | PHYSIOTHERAPY |  |  |  |  |  |  |
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| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
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