I FLOOR

BILLING CARD

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

Patient Name: Mrs.SARALA.K
44/Female/MHC202404295
28/01/2024/IPC2024000280
Dr.VALLIAMMAL K
IP No. ____
Room No. ____

G / W
CASH

D.O.A 28/1/24 Time 08.06AM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/01/24	OT No.	: (2)
Surgeon	: DR. Valli	Start Time	: 11.00AM
I Asst. Surgeon	:	End Time	: 11.30AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: ANNIS	Arthroscopy	:
Name of Surgery	: F/C	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml/10ml/Inj. Morphine (1)
		Others	: Small Biopsy (2)

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	28/1						

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Nil

D.O.A - 28/1/24.

D.O.D. 28/1/24.

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