II FLOOR

BILLING CARD

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

Patient Name: Mrs.KARTHIKA K
34/Female/MHC202404300
28/01/2024/IPC2024000282
Dr.VALLIAMMAL K

IP No. ____
Room No. __

12 Gr\W
CASH

D.O.A. 28/1/24 Time 09:38AM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/01/24		OT No.	: (2) (2)
Surgeon	: DR. Valli		Start Time	: 10.30AM
I Asst. Surgeon	: ____		End Time	: 11.00AM
II Asst. Surgeon	: DR. SASIKALA		Dis. Pack	: ____
III Asst. Surgeon	: ____		Diathermy	: ____
Anaesthetist	: DR. RaviKumAR		C-Arm	: ____
OT Nurse	: ANNIS		Arthroscopy	: ____
Name of Surgery	: D&C		Laproscopy	: ____
			Sevoflurane / Isoflurane	: ____
			Inj. Fentanyl	: 2ml/10ml/Inj. Morphine (1)
			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. (Duo)	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.

Time - 4pm,

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
28/1/24	HB, BF, CT, RBS - 20240129

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