D.O.A- 15/2/24 at 5:37pm II-floor
D.O.D - 15/2/24 at 8.30pm cash

BILLING CARD

Gen. Ward-59

Medway JSP Ho
The way to better
(A Unit of United Alliance Healthc

Mrs.SHANTHI
60/Female/MHC202407100
15/02/2024/IPC2024000504
Dr.SANKARLINGAM

Patient Name _____ D.O.A. 15/2/24 Time 05:37PM

IP No. _____

Room No. _____ Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
			Nil	

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	:

Nil Nil

MONITOR

Date	Start	Date	Disconnect
		Nil	

INFUSION PUMP

Date	Start	Date	Disconnect
	Nil		

OXYGEN

Date	Start	Date	Disconnect
		Nil	

SYRINGE PUMP

Date	Start	Date	Disconnect
	Nil		

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. P.S (MS)	15/02/24						
Dr. Chenni (MD)	15/02/24						

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

CROSS MATCHING : Nil

RESERVATION OF BLOOD : Nil

STERILE TRAY USED : Nil

TRANFUSION (BLOOD) Nil

ATTENDER'S HOLDING : Nil

OTHER PROCDURES : Nil.

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	:

Nil

Nil

Date	LABORATORY

Nil

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

15/2/24	ECG 22345	due	
15/2/24	chest xray	due	

CBG

DATE	NUMBERS	DATE	NUMBERS
		Nil	

ABG

DATE	NUMBERS	DATE	NUMBERS
		Nil	

ACT

PHYSIOTHERAPY

Date	
	Nil

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
		Nil	

OTHERS

DATE	NUMBERS	DATE	NUMBERS
	Nil		