Non AC

1st Floor

Room NO: (4)

# BILLING CARD

INS

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

Patient Name: Mrs.AAISHA .S
31/Female/MHC202407332
29/05/2024/IPC2024001497

IP No. _____ Dr.VALLIAMMAL K

Room No. __

D.O.A. 29/5/24 Time 7.23pm

Rent Per Day 1850/-

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
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## OPERATION THEATRE

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| Date | : 30/5/24 | OT No. | : (2) |
| Surgeon | : DR.Valliammal | Start Time | : 8.15 AM |
| I Asst. Surgeon | : - | End Time | : 9.00 am |
| II Asst. Surgeon | : DR. Sasikala | Dis. Pack | : — |
| III Asst. Surgeon | : | Diathermy | : — |
| Anaesthetist | : DR. Ravikumar | C-Arm | : — |
| OT Nurse | : Regina | Arthroscopy | : — |
| Name of Surgery | : LSCS | Laproscopy | : — |
| | | Sevoflurane / Isoflurane | : — |
| | | Inj. Fentanyl | : 2ml 10ml/Inj. Morphine — |
| | | Others | : — |

## MONITOR

| Date | Start | Date | Disconnect |
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## INFUSION PUMP

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

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## SYRINGE PUMP

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## ALPHA BED

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## SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Valliammal DMO | 29/5/24 | 30/5/24 | 31/5/24 | 1/6/24 | 2/6/24 | | |
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| PHARMACY | | AMBULANCE |
|---|---|---|
| OT DRUGS REPLACED | : given by (v. Sangeetha) | |
| BILL CLEARED | : 17355/- | Nil |
| RETURNS CHECKED | : S. Saranya. | |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :** Diet consultation.

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 |
|---|---|
| 29/5/24 | HB, BT, CT, RBS – 20240907 |

| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
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| CBG | | | | ABG | | | ACT |
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| Date | PHYSIOTHERAPY |
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| NEBULIZER | | | | OTHERS | | | |
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| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
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