I floor
cash

BILLING CARD

NON-AC-ROOM-9

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

Mrs.SHARMILA
26/Female/MHC202407809
20/02/2024/IPC2024000570
Dr.SASIKALA

Patient Name _____ D.O.A. 20/2/24 Time 6:31 pm

IP No. _____

Room No. _____ Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 20/02/24	OT No.	: 02
Surgeon	: DR. Sasikala	Start Time	: 9.15 PM
I Asst. Surgeon	: —	End Time	: 9.30pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. Ravichumar	C-Arm	: —
OT Nurse	: Yogea	Arthroscopy	: —
Name of Surgery	: D&C	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

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

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