Rel: 12:30 I-floor

Non-AC-Room (11)

BILLING CARD

Cash

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

Mrs.SUSILA
23/Female/MHC202408958
01/03/2024/IPC2024000669
Dr.VALLIAMMAL K

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 1/3/24 Time 06:20AM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 1/03/24	OT No.	: (1)
Surgeon	: DR. Valli	Start Time	: 10.00AM
I Asst. Surgeon	: ___	End Time	: 10.45AM
II Asst. Surgeon	: DR. SASIKALA	Dis. Pack	: ___
III Asst. Surgeon	: ___	Diathermy	: ___
Anaesthetist	: DR. Ravikumar	C-Arm	: ___
OT Nurse	: YOGA	Arthroscopy	: ___
Name of Surgery	: LSCS	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

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : } Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation 8/3/24

D.O.D: 3/3/24

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
01/3/24	EBC, BT, CT, U/R, Sugar – 20240315

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