I Floor (NON (AIC) -15.

BILLING CARD

CASH

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

Patient Name: Mrs.PREMA.S
48/Female/MHC202409386
04/03/2024/IPC2024000719
Dr.SASIKALA

IP No. _____

Room No. _____

D.O.A. 04/3/24 Time 4.30PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	5/03/24	OT No.	: (1)
Surgeon	:	DR. SASIKALA	Start Time	: 7.00 AM
I Asst. Surgeon	:	—	End Time	: 7.45AM
II Asst. Surgeon	:	—	Dis. Pack	: —
III Asst. Surgeon	:	—	Diathermy	: —
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	: —
OT Nurse	:	(RY) REGINA	Arthroscopy	: —
Name of Surgery	:	Lap OVARIAN CYST	Laproscopy	: CAMERA, MONITER, Lap Instrums
			Sevoflurane / Isoflurane	: 500/
			Inj. Fentanyl	: 2ml/10ml/Inj. Morphine (1) AMP
			Others	: HPE 1 Small BIOPSY (1)

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. Sasikala.	4/3	5/3					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : A. Dp MJ0021 BILL CLEARED : RETURNS CHECKED :	Nil

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

D.O.D : 5/3/24. 9 a.m.
3 pm.

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
5/3/24	Hb, BT, CT – 20240342Y
5/3/24.	HPE-1 → 3432.

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