

DOA - 16.8.24 at 4.29 PM
DOD - 17.3.29 at 7pm - FLOOR

NO: 52 Non A/C ROOM

BILLING CARD	
CASH	
Medway JSP H The way to better health (A Unit of United Alliance Hospitals)	Mrs. KUTTYAMMAL 60 / Female / MHC202410728 16/03/2024 / IPC2024000842 Dr. ARTHI
Patient Name	D.O.A. 16/3/24 Time 04:29 pm
IP No.	Rent Per Day 1850/-
Room No.	

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	:

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

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 :

[illegible]

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

ECG - 4013

Ry

Echo - 4049

due

To Sush Kumar -

ABG

ACT

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

① (1049)

nil

Date _____

PHYSIOTHERAPY

pull

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

nil

mil