

2-FLOOR

Ward

11 NAME

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

## BILLING CARD

Patient Name

Mrs. GANGA.M

34 / Female / MHC202411889

27/03/2024/IPC2024000947

IP No.

Dr. VALLIAMMAL K

Room No.



CASH

D.O.A. 27/3/24 Time 12:14 pm

Rent Per Day

1850/-

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

## OPERATION THEATRE

|                   |   |                |                                        |   |         |
|-------------------|---|----------------|----------------------------------------|---|---------|
| Date              | : | 28/03/24       | OT No.                                 | : | ②       |
| Surgeon           | : | DR. VAILI      | Start Time                             | : | 9.00 AM |
| I Asst. Surgeon   | : |                | End Time                               | : | 9.45 AM |
| II Asst. Surgeon  | : | DR. SASIKALA   | Dis. Pack                              | : |         |
| III Asst. Surgeon | : |                | Diathermy                              | : |         |
| Anaesthetist      | : | DR. RAVI KUMAR | C-Arm                                  | : |         |
| OT Nurse          | : | YOGIA          | 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 |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
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## OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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|      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |





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

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