1St floor Room NIAC

BILLING CARD

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

Mrs.NITHIYA.N
30/Female/MHC202412477
02/04/2024/IPC2024000996
Dr.MALINI

Patient Name ____ CASH ____ D.O.A 02.4.24 Time 9.10 Am

IP No. ____

Room No. ____ Rent Per Day Rs 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 02/04/24	OT No.	: (2)
Surgeon	: DR. MALINI	Start Time	: 12.15 pm
I Asst. Surgeon	: ____	End Time	: 12.45 pm
II Asst. Surgeon	: ____	Dis. Pack	: ____
III Asst. Surgeon	: ____	Diathermy	: ____
Anaesthetist	: DR. RAVI KUMAR	C-Arm	: ____
OT Nurse	: YOGA	Arthroscopy	: ____
Name of Surgery	: BARTHOLINE ABSCES	Laproscopy	: ____
		Sevoflurane / Isoflurane	: ____
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine (DAMP)
		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
Dr. Malini MD DM	2/4/24	→	NO Fees.				

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Discharge date & time

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
2/4/21	HB, BT, CT, HIV, HBsAg — 20240476 5

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