I Floor G/W

BILLING CARD

Medway JSP Hospitals
The way to better l
(A Unit of United Alliance Healthca

Mrs.JANANI
20/Female/MHC202412985
07/04/2024/IPC2024001039
Dr.VALLIAMMAL K

Patient Name _____ D.O.A. 07/04/24 Time 07:23 AM

IP No. _____ Cash

Room No. ___ Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 7/4/24	OT No.	: (1)
Surgeon	: Dr. Valliammal	Start Time	: 10 Am
I Asst. Surgeon	: Dr. Sasikala	End Time	: 10.30 Am.
II Asst. Surgeon	:	Dis. Pack	: —
III Asst. Surgeon	:	Diathermy	: —
Anaesthetist	: Dr. Ravikumar	C-Arm	: —
OT Nurse	: S/N. Yoga.	Arthroscopy	: —
Name of Surgery	: D&C	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. (Fentanyl)	: 2ml 10ml/Inj. Morphine (1) Am
		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 : Nil BILL CLEARED : RETURNS CHECKED :	Nil

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD) Nil

ATTENDER'S HOLDING :

OTHER PROCDURES :

DIS Date: 7/4/24

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

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