II-FLOOR ward-59(1) CASH

BILLING CARD

Medway JSP Hos
The way to better h
(A Unit of United Alliance Healthcar

Mrs.SELVARANI
65/Female/MHC202413461
11/04/2024/IPC2024001071
Dr.ARTHI

Patient Name _____ D.O.A. 11/04/24 Time 02:28pm

IP No. _____

Room No. _____ Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Chenni (MD)	11/04/24	12/4/24					

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

CROSS MATCHING : NIL

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Discharged on 13/4/24 at 9:00 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
11/4/24	RBS, CBC, Urea, Creatinine, Electrolytes - 5055 Rs

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

nil

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

nil

Date	PHYSIOTHERAPY

nil

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

nil

OTHERS

DATE	NUMBERS	DATE	NUMBERS