13(1)

# BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare P

Mrs.MALINI
26/Female/MHC202413824
15/04/2024/IPC2024001101
Dr.VALLIAMMAL K

Patient Name _____ CASH D.O.A. 15/04/24 Time 10:31 am

IP No. _____

Room No. _____ Rent Per Day 1500/-

## TRANSFER DETAILS

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

| Date | Start | Date | Disconnect |
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## SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. mohan (Pulmo) | 15/4/24 | 16/4/24 | | | | | |
| DR. Chenni | 15/4/24 | | | | | | |
| DR. valliammal DMO | 15/4/24 | 16/4/24 | | | | | |
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| PHARMACY | AMBULANCE |
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| OT DRUGS REPLACED : nil<br>BILL CLEARED :<br>RETURNS CHECKED : | nil |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :** Diet Consultation

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 | : |

## LABORATORY

| Date | |
|---|---|
| 15/4/24 | CBC, CR.P - 20240518 |

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

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| 15/4/24 | ECG 2405224 | due | vjathin |
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| CBG | | | | ABG | | | ACT |
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| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
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| Date | PHYSIOTHERAPY |
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| NEBULIZER | | | | OTHERS | | | |
|---|---|---|---|---|---|---|---|
| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
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| 16/4/24 | (1)+(1) | | | | | | |
| 16/4/24 | (1)+(1) | | | | | | |
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