I St Floor -

BILLING CARD

Medway JSP Hospitals
The way to better hea
(A Unit of United Alliance Healthcare Pvt

Mrs.KASHIAMMAL
55/Female/MHC202414302
20/04/2024/IPC2024001138
Dr.SASIKALA

Patient Name _____ D.O.A. 20/4/24 Time 09:25 Am

IP No. _____

Room No. _____ Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 20/4/24	OT No.	: I
Surgeon	: Dr. Sasikala	Start Time	: 3.40 Pm
I Asst. Surgeon	: -	End Time	: 4.00 Pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravi kumar	C-Arm	: -
OT Nurse	: Sangeetha	Arthroscopy	: -
Name of Surgery	: F/C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine (1) amp
		Others	: Small biopsy - (2)

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

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
20/4/24	Blood group - 00240532
20/4/24	HPE - 1 -> (2) - 00240534

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