

I floor

Gen. ward - 59.

Cash.

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

BILLING CARD

Patient Name 29/Female/MHC202415524
03/05/2024/IPC2024001273

IP No. Dr. VALLIAMMAL K

Room No.

D.O.A. 3/5/24 Time 06:33 pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>3/5/23</u>	OT No.	: <u>2</u>
Surgeon	: <u>Dr. Valliammal</u>	Start Time	: <u>6:45 pm</u>
I Asst. Surgeon	: <u>Dr. Sasikala</u>	End Time	: <u>7:30 pm</u>
II Asst. Surgeon	: <u> </u>	Dis. Pack	: <u> </u>
III Asst. Surgeon	: <u> </u>	Diathermy	: <u> </u>
Anaesthetist	: <u>Dr. Ravi Kumar</u>	C-Arm	: <u> </u>
OT Nurse	: <u>Kau</u>	Arthroscopy	: <u> </u>
Name of Surgery	: <u>LSCS</u>	Laprosopy	: <u> </u>
		Sevoflurane / Isoflurane	: <u> </u>
		Inj. Fentanyl	: <u>2ml 10ml/Inj. Morphine</u>
		Others	: <u> </u>

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

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