

1st floor

9/Ward



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

BILLING CARD

Patient Name **Mrs. SHOBANA**

28/Female/MHC202415741

IP No. _____

06/05/2024/IPC2024001290

Room No. _____

Dr. MALINI



D.O.A. 06/05/24 Time 06:32

cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>6/5/24</u>	OT No. : <u>11</u>
Surgeon : <u>Dr. malini</u>	Start Time : <u>1.00pm</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>1.30pm</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>yoga</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>D/C</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : <u>2ml 10ml</u> / Inj. Morphine <u>②amp</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	
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Surgeon :	Start Time :
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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