DOA : 15/5/24 at : 9.56 pm
DOD : 16/5/24 at : 1.00 pm

DCO

# BILLING CARD

CASH

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

Mrs.SAVARI AMMAL
75/Female/MHC202416636
15/05/2024/IPC2024001372
Dr.ARTHI

Patient Name _____ D.O.A. 15/5/24 Time 9.56 Pm

IP No. _____

Room No. _____ Rent Per Day 4,900/-

## 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 |
|---|---|---|---|
| 15/5/24 | 10.15 PM | 16/5/24 | 12.30 pm |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## OXYGEN

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 15/5/24 | 10.15PM | 16/5/24 | 9.00Am |
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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 |
|---|---|---|---|
| 16/5/24 | 9: AM | 16/5/24 | 12: pm |
| | | | |

## ~~VENTILATOR~~ C-PAP

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Nil<br>BILL CLEARED : Nil<br>RETURNS CHECKED : Nil | Nil |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :** } Nil

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :** Diet consultation

## 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 |
|---|---|
| 15/5/24 | CBC, RBS, Urea, Creatinine, LFT, Electrolytes<br>Urine complete — 6350 |
| | |
| 16/5/24 | FBS. — 6359 |
| | |
| 16/5/24 | ABG BLOOD GAS — 6363 |

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

| | | | |
|---|---|---|---|
| 15/5/24 | ECG / 2 6351 | due | |
| 15/5/24 | x ray chest | due | pre |
| 16/5/24 | CT-BRAIN & CHEST | due | Shreyas |
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## CBG

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
| 15/5/24 | CBG-6351 | | |
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## ABG

| DATE | NUMBERS | DATE | NUMBERS |
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## ACT

## PHYSIOTHERAPY

| Date | |
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## NEBULIZER

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
| 15/5/24 | 1 | | |
| 16/5/24 | 1 | | |
| | | | |

## OTHERS

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
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