DOD: 17/5/24 @ 10.30Am 59(3) II Floor Ward No (59)

# BILLING CARD

Re-10-5% Adv.

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

Mr.KAVIYARASAN
22/Male/MHC202416673
16/05/2024/IPC2024001377
Dr.ARTHI

Patient Name _____ CASH D.O.A. 16/5/24 Time 12.18pm.

IP No. _____

Room No. _____ Rent Per Day Rs 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. Sheetal (ENT) | 16/5/24 | | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Nil<br>BILL CLEARED : Nil<br>RETURNS CHECKED : Nil | Nil |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

Nil

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

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## CBG

| DATE | NUMBERS | DATE | NUMBERS |
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## ABG

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## ACT

## PHYSIOTHERAPY

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## NEBULIZER

| DATE | NUMBERS | DATE | NUMBERS |
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## OTHERS

| DATE | NUMBERS | DATE | NUMBERS |
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| 16/5/24 | 4 bite | due/600/- | x swelling |
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