

1 Floor
BILLING CARD

(G/W)

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

CASH

D.O.A. 21/5/24 Time 11.55 PM

Patient Name Mrs. JAYALAKSHMI
IP No. 30/Female/MHC202417227
Room No. 21/05/2024/IPC2024001424
Dr. SASIKALA

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	To	Nurse's Signature

OPERATION THEATRE

Date : <u>22/05/24</u>	OT No. : <u>1</u>
Surgeon : <u>DR. Sasikala</u>	Start Time : <u>9.30 AM</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>10.00 AM</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>DR. Ravikumar</u>	C-Arm : <u>-</u>
OT Nurse : <u>Sangeetha .V</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>D & C</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. <u>Fentanyl</u> : <u>2ml 10ml/Inj. Morphine 1 AMP</u>
	Others : <u>Ketamine - 2cc</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 :

Date

LABORATORY

29/5/24

CBE, BT, CT, Sugar - 2406595

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