I Floor 9/w

BILLING CARD

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

Patient Name: Mrs.SUPRIYA
29/Female/MHC202417728
27/05/2024/IPC2024001462

IP No. _____ Dr.VALLIAMMAL K

Room No. _____

Cash

D.O.A. 27/05/24 Time 09:23 AM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	27/05/24.	OT No.	:	2
Surgeon	:	DR. VALLIAMMAL	Start Time	:	3.30 PM
I Asst. Surgeon	:	DR. SASIKALA	End Time	:	4.00 PM.
II Asst. Surgeon	:		Dis. Pack	:	-
III Asst. Surgeon	:		Diathermy	:	-
Anaesthetist	:	DR. RAVIKUMAR.	C-Arm	:	-
OT Nurse	:	SANGEETHA	Arthroscopy	:	-
Name of Surgery	:	D&C	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl / 2ml 10ml/Inj. Morphine		1 AMP.
			Others	:	-

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Valliammal (DMO)	27/5						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : given RETURNS CHECKED :	NIL

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

} NIL

OTHER PROCDURES : Diet consultation

D.O.A - 27/5/24

D.O.D - 27/5/24.

Time - 6pm.

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

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