II floor

Cash

BILLING CARD

Gen. ward - B

Medway JSP Hos
The way to better h
(A Unit of United Alliance Healthcare

Mrs.VIMALA
30/Female/MHC202417990
29/05/2024/IPC2024001495
Dr.SASIKALA

Patient Name _____ D.O.A 29/5/24 Time 05:36 pm

IP No. _____

Room No. _____ Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 30/05/24		OT No.	: (1)
Surgeon	: DR. SASIKALA		Start Time	: 8.45AM
I Asst. Surgeon	:		End Time	: 9.30AM
II Asst. Surgeon	:		Dis. Pack	:
III Asst. Surgeon	:		Diathermy	:
Anaesthetist	: DR. RAVI KUMAR		C-Arm	:
OT Nurse	: YOGA		Arthroscopy	:
Name of Surgery	: (LD) Lap OVARIAN cyst		Laproscopy	: INSTRUMENTS ONLY
			Sevoflurane / Isoflurane	: 1000/-
			Inj. Fentanyl : 2ml/10ml/Inj. Morphine	(1) AMP
			Others	: HPE 1 Small BIOPSY (1)

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. Basilcola	30/5/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Given	nil
BILL CLEARED	:	
RETURNS CHECKED	:	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Discharge date & time

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
30/5/24	HPE - 2406939

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

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

Date	PHYSIOTHERAPY

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS