

1st Floor Cyward
BILLING CARD

133



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

Patient Name **Mrs. MANJUPRIYA**

28/Female/MHC202418454

IP No.

02/06/2024-IPC 2024001546

Room No.

Dr. VALLIAMMAL K



CASH

D.O.A. 02/06/24 Time 04.54'

Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>4/6/24</u>	OT No. :	<u>11</u>
Surgeon :	<u>Dr. Valliammal</u>	Start Time :	<u>6.30 Am</u>
I Asst. Surgeon :	<u>Dr. Sasikala</u>	End Time :	<u>7.15 Am</u>
II Asst. Surgeon :	<u>-</u>	Dis. Pack :	<u>-</u>
III Asst. Surgeon :	<u>-</u>	Diathermy :	<u>-</u>
Anaesthetist :	<u>Dr. M. Ravikumar</u>	C-Arm :	<u>-</u>
OT Nurse :	<u>S/N: Yoga</u>	Arthroscopy :	<u>-</u>
Name of Surgery :	<u>1 Scs</u>	Laproscopy :	<u>-</u>
		Sevoflurane / Isoflurane :	<u>-</u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	<u>1 Amp</u>
		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

[illegible]

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CTG - 202407122

Dua

Kals

07/22.

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

HB, BT, CT, RBS - 2407099