I floor

cash 13(4)

BILLING CARD

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

B/O.HEMA PRIYA
0/Female/MHC202418547
03/06/2024/IPC2024001554
Dr.HUMAYOON

Consolle

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 3/6/24 Time 07.14AM

Rent Per Day No Rent.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/06/24	7.30AM	Ward ~~7.30AM~~	12PM.	

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
3/06/24.	7.30AM	3/06/24.	12PM.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3/06/24	7.30AM	3/06/24.	9.30AM

SYRINGE PUMP

Date	Start	Date	Disconnect
3/06/24	7.30AM	3/06/24.	12PM.

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. Humayoon.	3/6/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : / Nil	/ Nil
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : Baby discharged on 3/6/24 at 4pm.

OTHER PROCDURES :

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