I Floor Non A/c - 9.

BILLING CARD

Medway JSP Hospitals
The way to better he
(A Unit of United Alliance Healthcare

Mrs.CHANDRA PRABA.P
29/Female/MHC202418755
04/06/2024 IPC2024001568
Dr.MALINI

Patient Name _____ D.O.A. 4/6/24 Time 8-57 Pm

IP No. _____ cash.

Room No. _____ Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 5/6/24	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	: Dr. malini (Dmo)	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	: NVD ~ Episiotomy. (Labour Room)	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		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. malini (DMO)	4/6/24	5/6/24	6/6/24				

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Labour Room. Replasment done.	nil
BILL CLEARED :		
RETURNS CHECKED :		

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation.

D.O.A : 4/6/24

D.O.D : 6/6/24.

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

5/8/24	CT Q	Jue	

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

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
6/6/24	HB - 210-295