II Floor 123) Cash 9/10

BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthc

Patient Name Mrs.KAVITHA.V 28 Female/MHC20241963413.06.2024/IP/2024001650 Dr.SASIKALA

D.O.A. 13/06/24 Time 07:50PM

IP No. ____

Room No. ____

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	14/06/24	OT No.	:	(2)
Surgeon	:	DR. SASIKALA	Start Time	:	9-00 AM
I Asst. Surgeon	:	____	End Time	:	9-30AM
II Asst. Surgeon	:	____	Dis. Pack	:	____
III Asst. Surgeon	:	____	Diathermy	:	____
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	:	____
OT Nurse	:	REGINA	Arthroscopy	:	____
Name of Surgery	:	CX ENCERCLAGE	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. Sasikala (CDMO)	13/6	14/6	15/6.				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Gr/cumm – 005 given. BILL CLEARED : RETURNS CHECKED :	Nil

CROSS MATCHING :

RESERVATION OF BLOOD : NPL

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation.

D.O.A – 13/6/24

D.O.D – 15/6/24

Time – 4pm.

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
13/6/24	HB, BT, CT, RBS — 202407575

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