I Floor C/W

BILLING CARD

13(3)

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

Mrs.NAGAMMAL
25 Female/MHC202420088
18/06/2024/IPC2024001685
Dr.SASIKALA

Patient Name _____
IP No. _____
Room No. _____

D.O.A. 18:06:24 Time 7.57 Am

Cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 18/06/24	OT No.	: (1)
Surgeon	: DR. SASIKALA	Start Time	: 2.00 PM
I Asst. Surgeon	:	End Time	: 2.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: REGINA	Arthroscopy	:
Name of Surgery	: Lap ST C	Laproscopy	: INSTRUMENTS ONLY
Copper - T - REMOVEL		Sevoflurane / Isoflurane	: 500
		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. Sasi Kale	18/6	19/6					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Oxiver BILL CLEARED : RETURNS CHECKED : 046	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

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