I CU

II floor

BILLING CARD

Medway JSP Hospitals
The way to bet...
(A Unit of United Alliance H...

Patient Nam: Ms.NITHYA
19 Female/MHC202420175
18/06/2024/IPC2024001694
IP No. ____ Dr.ARTHI
Room No. _____

Cash.

D.O.A. 18/06/24 Time 09:14pm

Rent Per Day 4900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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
18/6/24	9.30pm	19/6/24	9am

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

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD) Nil

ATTENDER'S HOLDING :

OTHER PROCDURES :

DOA : 18/6/24 9:14 pm

DOD : 19/6/24 4 : pm

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
18/6/24	CBC, Urea, Creatinine, LFT, Electrolytes, RBS - 7798 CT, BT - 7799

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

18/06/24	Chest AP - TB02	Dr	Dr

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS
18/6/24	Stomach wash.		