1 Floor

C/W -13

BILLING CARD

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

Patient Name Mrs.PRIYA.E 32/Female/MIIC202468094 03/07/2024/IPC2024001818

IP No. _____ Dr.VALLIAMMAL K

Room No. _____

D.O.A. 03/07/24 Time 11:16 AM

Cash

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	3/07/24	OT No.	:	(5)
Surgeon	:	DR. Valli	Start Time	:	2.30 pm
I Asst. Surgeon	:		End Time	:	3.00 pm
II Asst. Surgeon	:	DR. SASIKALA	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. Raj Kumar	C-Arm	:	
OT Nurse	:	Kavi	Arthroscopy	:	
Name of Surgery	:	D/C	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. vallimael	3/7/2.						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	OT Given	—
BILL CLEARED :	cus	
RETURNS CHECKED :	046	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation.

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
21T/24	Hb, BT, CT, RBS - 8343

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