1st floor - General ward Rs 1500/-

Medway JSP H
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(A Unit of United Alliance Hea

BILLING CARD

Mrs.VIDHYA
31/Female/MIIC202469813
25/07/2024/IPC2024002028

Patient Name Dr.ARTIII

D.O.A. 25/7/24 Time 9.01 AM

IP No.

Room No. I - 12

Rent Per Day RS 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	25/07/24	OT No.	: (2)
Surgeon	:	DR. PRASANNA	Start Time	: 10.15 AM
I Asst. Surgeon	:	—	End Time	: 10.45 AM
II Asst. Surgeon	:	—	Dis. Pack	: —
III Asst. Surgeon	:	—	Diathermy	: —
Anaesthetist	:	—	C-Arm	: —
OT Nurse	:	REGINA	Arthroscopy	: —
Name of Surgery	:	(Rt) Hand middle CROSS FINGER SUTURING	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. Prasanna	25/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : given. BILL CLEARED : RETURNS CHECKED :	nil

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

D·O·A : 25/7/24

D·O·D : 25/7/24

at. 2pm

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