

Ist floor Non AC Room No. (15) Rs. 1850

 Medway JSP Ho The way to better! (A Unit of United Alliance Healthcare)		Mrs.GOMATHY 29/Female/MHC202469820 25/07/2024/IPC2024002036		BILLING CARD			
Patient Name		Dr.VALLIAMMAL K		D.O.A. 25/7/24 Time 9.55Am			
IP No.							
Room No.		I-Non AC - 15		Rent Per Day RS. 1850			
TRANSFER DETAILS							
Date	Time	From		To	Nurse's Signature		
OPERATION THEATRE							
Date	: 25/07/24		OT No.	: ①			
Surgeon	: DR. VALLI		Start Time	: 2.00pm			
I Asst. Surgeon	: _____		End Time	: 2.30pm			
II Asst. Surgeon	: DR. SASIKALA		Dis. Pack	: _____			
III Asst. Surgeon	: _____		Diathermy	: _____			
Anaesthetist	: DR. RAVI KUMAR		C-Arm	: _____			
OT Nurse	: REGINA		Arthroscopy	: _____			
Name of Surgery	: BARTHOLINE CYST ABSCES		Laproscopy	: _____			
			Sevoflurane / Isoflurane	: _____			
			Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: ①AMP			
			Others	: HPE 1 Small Biopsy			
MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

