I Floor (AIC)

# BILLING CARD

CASH

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Patient Name _ Mrs.JASMINE 49/Female/MIIC202469955

IP No. 27/07/2024/IPC2024002046

Room No. Dr.MALINI

D.O.A. 27/7/24 Time 7.19Am

Rent Per Day 2,900/-

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
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## OPERATION THEATRE

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|---|---|---|---|
| Date | : 27/7/24 | OT No. | : 11 |
| Surgeon | : DR! Malini | Start Time | : 9:00Am |
| I Asst. Surgeon | : - | End Time | : 9:30Am |
| II Asst. Surgeon | : - | Dis. Pack | : - |
| III Asst. Surgeon | : - | Diathermy | : - |
| Anaesthetist | : DR! M. Ravi kumar | C-Arm | : - |
| OT Nurse | : S/N: Regina, Kavi | Arthroscopy | : - |
| Name of Surgery | : F/C | Laproscopy | : - |
| | | Sevoflurane / Isoflurane | : - |
| | | Inj. ~~Fentanyl~~ | : 2ml/10ml/Inj. Morphine 1 Amp |
| | | Others | : Small BIOPSY HPE-1 |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED

| Date | Start | Date | Disconnect |
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## SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Malini (NO Fees) | 27/7. | | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED :<br>BILL CLEARED :<br>RETURNS CHECKED : } OT given. | NIL |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :** } NIL

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :** Dilop (operation)

D.O.A - 27/7

D.O.D - 27/7

Time - 4PM

## 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 | : |

## LABORATORY

| Date | |
|---|---|
| 27/7 | HPE-1 ← 2024093455 |

## 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 |
|---|---|
| 27/7 | HPE-1 ← 2024093145 |