(11) NON D/C II FLOOR

# BILLING CARD

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

Patient Name: Mrs.VANAJA 49/Female/MIIC20247031 1

IP No. 31/07/2024/IPC2024002091

Room No. Dr.SASIKALA

D.O.A. 31/07/24 Time 5:22 PM

Cash

Rent Per Day 1850/-

## TRANSFER DETAILS

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

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| Date | : 1/08/24 | OT No. | : (1) |
| Surgeon | : DR. SASIKALA | Start Time | : 8.15 AM |
| I Asst. Surgeon | : — | End Time | : 9.45 AM |
| II Asst. Surgeon | : — | Dis. Pack | : — |
| III Asst. Surgeon | : DR. Valli | Diathermy | : — |
| Anaesthetist | : DR. RAVIKUMAR | C-Arm | : — |
| OT Nurse | : REGINA, YOGIA | Arthroscopy | : — |
| Name of Surgery | : TLH | Laproscopy | : — |
| | | Sevoflurane / Isoflurane | : 1000/— |
| | | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | (1) AMP |
| | | Others | : HPE. 3 LARGE BIOPSY |

## 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

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## ALPHA BED

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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. Sasikala (mam) | 31/7 | 1/8/ | 2/8/ | 3/8 | 4/8/ | | |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : OT Given Multiple<br>BILL CLEARED :<br>RETURNS CHECKED : | Nil |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :**

**STERILE TRAY USED :** Nil

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :** Patient discharged on 4/8/24 at 12pm.

**OTHER PROCDURES :** Inj - Fortwin 1/8/24.
(1) Amp.

## 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 |
|---|---|
| 1/8/24 | FBS - 202409561 |
| 1/8/24 | HPE① - ① 202409581 |

| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
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| CBG | | | | ABG | | ACT | |
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| Date | PHYSIOTHERAPY |
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| NEBULIZER | | | | OTHERS | | | |
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