(5)

I Floor (non A/c)

BILLING CARD

CASH

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

Patient Nam: Mrs.SUSHANTHIKA 27/Female/MIIC202470423

IP No.: 01/08/2024/IPC2024002110

Room No.: Dr.MALINI

D.O.A. 1/8/24 Time 10.41 PM

Rent Per Day 1,850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 01/08/24	OT No.	: 02
Surgeon	: DR. Malini	Start Time	: 11.00 pm
I Asst. Surgeon	: —	End Time	: 11.30 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. Ravikumar	C-Arm	: —
OT Nurse	: Rogina	Arthroscopy	: —
Name of Surgery	: Bartholin cyst	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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. malini (no fees)							

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

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : nil

Patient discharged on 2/8/24 at 12pm.

OTHER PROCDURES :

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

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