Ist floor - AC Room - (9)

Medway JSP Hos
The way to better h
(A Unit of United Alliance Healthca

Mrs.BHARATHI
23/Female/MIIC202471575
17/08/2024/IPC2024062241
Dr.MALINI

BILLING CARD

Patient Name _____ D.O.A. 17/8/24 Time 9.59Am

IP No. _____

Room No. I Rent Per Day Rs.2900

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	17/08/24	OT No.	:	(1)
Surgeon	:	DR. MALINI	Start Time	:	3.00 PM
I Asst. Surgeon	:	—	End Time	:	3.30 pm
II Asst. Surgeon	:	—	Dis. Pack	:	—
III Asst. Surgeon	:		Diathermy	:	—
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	:	—
OT Nurse	:	Kavi	Arthroscopy	:	—
Name of Surgery	:	D/C	Laproscopy	:	—
			Sevoflurane / Isoflurane	:	—
			Inj. Fentanyl	:	2ml 10ml/Inj. Morphine (1) AMP
			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. malini (Nodrss)							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : OT replaced given @ 202 BILL CLEARED : RETURNS CHECKED :	Nil

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : Nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation..

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