NON A/C I FLOOR

BILLING CARD

14

Medway JSP Hosp
The way to better he
(A Unit of United Alliance Healthcare)

Mrs.LETHYAL ROSELIN.A
36/Female/MIIC202471705
18/08/2024/IPC2024002259
Dr.SASIKALA

Patient Name _____

D.O.A. 18/08/24 Time 9.30pm.

IP No. _____ Cash

Rent Per Day Rs. 1850

Room No. _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 19/08/24	OT No.	: (1)
Surgeon	: DR. SASIKACA	Start Time	: 10.00 AM
I Asst. Surgeon	: —	End Time	: 10.45AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. RAVIKumar	C-Arm	: —
OT Nurse	: SRIMATHI, YOGA	Arthroscopy	: —
Name of Surgery	: LSCS	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

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sasi/Gala	18/8	19/8	20/8	21/8	22/8		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Given.	
BILL CLEARED :	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

nil

OTHER PROCDURES : Diet Consultation

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
18/8/24	HB, BT, CT, RBS - 241031?

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
				22/8	deg - (1)		