

DOD: 1/9/24 at 2.00pm II floor (G)

Ms.SEMOZHI
18 Female/MIC202472515
31/08/2024/IPC2024002364

Dr.SHEETHAL



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

BILLING CARD

Patient Name A. Semmozhi

D.O.A. 31.08.24 Time 08.51 AM

IP No. 2364

Room No. 59

Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>31/08/24</u>	OT No. :	<u>2</u>
Surgeon :	<u>DR. SHEETHAL</u>	Start Time :	<u>12.30pm</u>
I Asst. Surgeon :	<u> </u>	End Time :	<u>1.30 pm</u>
II Asst. Surgeon :	<u> </u>	Dis. Pack :	<u> </u>
III Asst. Surgeon :	<u> </u>	Diathermy :	<u> </u>
Anaesthetist :	<u>DR. ARTHI</u>	C-Arm :	<u> </u>
OT Nurse :	<u>YOGA</u>	Arthroscopy :	<u> </u>
Name of Surgery :	<u>SEPTO PLASTY</u>	Laproscopy :	<u> </u>
		Sevoflurane / Isoflurane :	<u>1000 / -</u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	<u>① Amp</u>
		Others :	<u> </u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
<u>31/8/24</u>	<u>2.00 pm</u>	<u>31/8/24</u>	<u>6.00 pm</u>

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE	
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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
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A hand-drawn graph on lined paper. The graph consists of a single, continuous, downward-sloping curve. The curve starts at a point in the upper-left quadrant and ends at a point in the lower-right quadrant. Both ends of the curve are marked with small arrows, indicating that the relationship continues in those directions. The curve is slightly concave, with a steeper slope in the lower-right portion. The background is a grid of horizontal lines, with a vertical margin line on the left side.

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