Re 5-31 Pm

R.NO- (14) I - Floor NON A/C

BILLING CARD

Medway JSP Hospitals
The way to be!
(A Unit of United Alliance)

Patient Nar: Mrs.RUBINI
30/Female/MIIC202472796
02/09/2024/IPC2024002385
CASH

IP No. ____ Dr.SASIKALA

Room No. _____

D.O.A. 02/09/24 Time 07:41 Pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	3/09/24	OT No.	: (1)
Surgeon	:	DR. SASIKALA	Start Time	: 8.45AM
I Asst. Surgeon	:	____	End Time	: 9.30AM
II Asst. Surgeon	:	____	Dis. Pack	: ____
III Asst. Surgeon	:	____	Diathermy	: ____
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	: ____
OT Nurse	:	REGINA	Arthroscopy	: ____
Name of Surgery	:	(1) LAP DERMOID CYST	Laproscopy	: INSRUMENTS ONLY
			Sevoflurane / Isoflurane	: 500/-
			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. Sasikala. (D&O)	2/9	3/9.					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : given -> Srimathi BILL CLEARED : RETURNS CHECKED :	Nil

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

} Nil

OTHER PROCDURES : Diet Consultation.

D.O.A - 2/9/24.

D.O.D - 3/9/24.

time - 7pm.

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

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
2/9/24	CHEST PA VIEW X-RAY	DR	Shruti 2024/10981

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS