

D.O.A : 9/9/24 at 7:51am

D.O.D : 10/9/24 at 11am

D.O.


**Medway JSP Hospitals**  
 The way to better health

(A Unit of United Alliance Healthcare Pvt)

# **BILLING CARD**

CASH

Patient Name Mrs.KASTHURI

62/Female/MIIC202473297

D.O.A. 9/9/24 Time 7:51AmIP No. 09/09/2024/TPC2024002447

Dr.ARTIII

Room No.                     Rent Per Day 41000/-

## **TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

## **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 : 2ml 10ml/Inj. Morphine | : |
|                   |   | Others                                 | : |

## **MONITOR**

| Date   | Start   | Date    | Disconnect |
|--------|---------|---------|------------|
| 9/9/24 | 8:30 am | 10/9/24 | 8:30am     |
|        |         |         |            |
|        |         |         |            |
|        |         |         |            |
|        |         |         |            |

## **INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## **OXYGEN**

| Date   | Start  | Date    | Disconnect |
|--------|--------|---------|------------|
| 9/9/24 | 8:30am | 10/9/24 | 7am        |
|        |        |         |            |
|        |        |         |            |
|        |        |         |            |
|        |        |         |            |

## **SYRINGE PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## **ALPHA BED**

## **SCD PUMP**

## **VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

[illegible]

| PHARMACY            | AMBULANCE |
|---------------------|-----------|
| OT DRUGS REPLACED : |           |
| BILL CLEARED :      |           |
| RETURNS CHECKED :   |           |

### CROSS MATCHING :

### RESERVATION OF BLOOD :

**STERILE TRAY USED :**

## TRANSFUSION ( BLOOD )

**ATTENDER'S HOLDING :**

**OTHER PROCEDURES:** Diet Consultation. fol.

Admission Officer :

*R. Nigam*  
Sister In-charge

## 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                                                                                   |
|---------|----------------------------------------------------------------------------------------------|
| 9/9/24  | CBC, RBS, uric acid, creatinine, LFT, Electrolytes, HBA1C, Troponin T, urine complete / 1223 |
| 10/9/24 | FBS — 1856                                                                                   |

**RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER**

Chest Pn

Due

*[Signature]*

## ECG

1223

## Echo

11242

Due

Dr. Sureshkumar

## ABG

**ACT**

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

9/10/2021

2 - 11242

## Date \_\_\_\_\_

## PHYSIOTHERAPY

## NEBULIZER

## OTHERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

9/10/2021

141

|    |   |   |
|----|---|---|
| 10 | 9 | 8 |
|----|---|---|

14