D.O.A 13/9/24 II-floor

D.O.D 14/9/24 at 1PM Non-AC-ROOM-(54)

BILLING CARD Cash

Medway JSP Hc
The way to better
(A Unit of United Alliance Health

Child.JAI HASHINI
6/Female/MIIC202473702
13/09/2024/IPC2024002498
Dr.ARAVINDH RAJHA P.S

Patient Name _____ D.O.A. 13/9/24 Time 12:56PM

IP No. _____

Room No. _____ Rent Per Day 1850/-

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

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. Aravindraja (Pool)	13/9/24	14/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : NIL BILL CLEARED : RETURNS CHECKED :	NIL

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : NIL

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Discharge soon if
at 4pm
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
13/9/24	CBC, Dengue. NS1, Urine R/M, widal => 1/1429

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
13/9/24	4						