

ST. I.C.O.

J



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

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

Mrs. ELIZABETH .C

54/ Female/MHC202403028

19/01/2024/IPC2024000167

Dr. HARI KRISHNAN



D.O.A. 19.1.24 Time 9.38pm

Rent Per Day Rs. 4000/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
23/1/24	6pm	Stepdown to	11 th Floor ward (S9)	

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	Date	Start	Date	Disconnect
19/1/24	10pm	21/1/24	8pm	21/1/24	11am	21/1/24	4pm

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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