

II floor
cash

BILLING CARD

GEN. ward.

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

Patient Name _____

IP No. _____

Room No. _____

Mrs. BAMA

42/Female/MHC202403687
24/01/2024/IPC2024000221

Dr. ARTHI

D.O.A. 24/1/24 Time 11:29 AM

Rent Per Day _____

1500/-

TRANSFER DETAILS

Date	Time	n	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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

[illegible]

[illegible]