

2nd Floor



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

BILLING CARD

Patient Name

Mrs. EZHILARASI

45/Female/MHC202403782

IP No. _____

25/01/2024/IPC2024000234

Room No. _____

Dr. ARTHI



15/ ward - 12(3)

D.O.A. 25/1/24 Time 3:02 AM

Rent Per Day 1500

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	:	Laproscopey	:
RTA	:	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

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	Inj. Fentanyl :
	Others :

[illegible]

