

DOA : 26/1/24 at: 10.15 Am
DOD : 27/1/24 at: 3.00 pm

 Medway JSP Hospitals The way to better health (A Unit of United Alliance Healthcare Pvt Ltd)		BILLING CARD	
Patient Name _____		Ms.ANGEL	
IP No. _____		20/Female/MHC202403997	
Room No. _____		26/01/2024/IPC2024000252	
		Dr.ARTHI	
			
		D.O.A. 26/1/24 Time 10.15AM	
		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 :	Laproscopy :
	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	
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 :

[illegible]

[illegible]