

I - Floor.

## BILLING CARD

**Medway JSP Hospitals**  
The way to better health  
(A Unit of United Alloys & Chemicals Pvt. Ltd.)

Patient Name **Mrs. LAVANYA**  
30/Female/MHC202404072  
IP No. **26/01/2024/IPC2024000258**  
Room No. **Dr. SASIKALA**



Ward **(13)**

D.O.A. **26/1/24** Time **6.26 PM**

Rent Per Day **1,500 /-**

### TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
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### OPERATION THEATRE

|                   |                    |                                        |           |
|-------------------|--------------------|----------------------------------------|-----------|
| Date              | : 26/1/24          | OT No.                                 | : 02      |
| Surgeon           | : DR. SASIKALA DNO | Start Time                             | : 9 pm    |
| I Asst. Surgeon   | : —                | End Time                               | : 9.30 pm |
| II Asst. Surgeon  | : —                | Dis. Pack                              | : —       |
| III Asst. Surgeon | : —                | Diathermy                              | : —       |
| Anaesthetist      | : DR. RAVIKUMAR    | C-Arm                                  | : —       |
| OT Nurse          | : Mrs. Ravathi     | Arthroscopy                            | : —       |
| Name of Surgery   | : D&C              | Laprosocopy                            | : —       |
|                   |                    | Sevoflurane / Isoflurane               | : —       |
|                   |                    | Inj. Fentanyl : 2ml 10ml/Inj. Morphine |           |
|                   |                    | Others                                 | : —       |

### MONITOR

### INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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### OXYGEN

### SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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| 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 :                   |

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