

DOD: 26/1/24 at 8:11 pm

II floor

Re. 11.49 Am

DOD: 28/1/24 at 1 pm

Cash

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

BILLING CARD

Non-AE room-

Patient Name _____

Mrs. MALAR VIZHI

50/Female/MHC202404091

26/01/2024/IPC2024000262

D.O.A. 26/1/24 Time 08:11 pm

IP No. _____

Dr. SUDHA S

Room No. _____

Rent Per Day 1680/-

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 : Nil	Laproscopy : Nil
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

26	10	124
26	1	184

Cher po 2
SLC 125

one

PA
Cul

CBG	ABG	ACT
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ABG	ACT
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ACT

DATE	NUMBERS
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NUMBERS

DATE _____

NUMBERS

DATE	NUMBERS
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NUMBERS

DATE _____

NUMBERS

	
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Date

PHYSIOTHERAPY	
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21

NEBULIZER

OTHERS	
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DATE _____

NUMBERS

DATE _____

NUMBERS

DATE	NUMBERS
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NUMBERS

DATE _____

NUMBERS

27/1/24

1 + 1

28/1/24

1	
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