

Re - 12.25 pm

IND

IF/001

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

BILLING CARD

Patient Name

IP No. _____

Room No. _____

Mrs. ABIRAMI N

48 / Female / MHC202404173

27/01/2024 / IPC2024000271

Dr. ARTHI



13 6/w

D.O.A. 27/1/24 Time 1:42 pm

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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

Chest

due

B

ABG

ACT

NUMBERS

DATE _____

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CB 4, 11

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PHYSIOTHERAPY

OTHERS

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