

Ward Rent Step Down ICU

BILLING CARD

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

Mrs. JAYALAKSHMI. K

55/Female/MHC202404398

28/01/2024/IPC2024000295

D.O.A. 28/01/24 Time 10:22pm

Patient Name _____

IP No. _____

Room No. _____

Dr. ARTHI



cash

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

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 :

LABORATORY

29/1/84.	Crine R/E	- 01353.
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30/1/24	CBC ✓	- 1415
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31/1/24 CBA

