

Re 2.50 Pm

DoA: 2/2/24 at: 9.28

DoD: 3/2/24 at: 3.00 p

CASH

II FLOOR

**BILLING CARD**

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

**Mr. ELUMALAI S**

Patient Name

49 / Male / MHC202405040

IP No.

02 / 02 / 2024 / IPC2024000347

Room No.

Dr. ARTHI



G.W.

(59)

D.O.A. 2.2.24 Time 9.28AM

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   | : | Laproscopey                              | : |
|                   |   | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |





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

|          |                |
|----------|----------------|
| 02/02/24 | ECY → 1606     |
|          | chem pa → 1623 |

|     |     |
|-----|-----|
| due |     |
| Due | PRe |

**CBG**

ABG

## ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

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171-1606

Date \_\_\_\_\_

## PHYSIOTHERAPY

## NEBULIZER

## OTHERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS