

Master.JEEVISH

10/Male/MHC202406196

09/02/2024/IPC2024000438

Dr.ARTHI



Medway JSI
The way to be
(A Unit of United Alliance Healthcare Pvt Ltd)

BILLING CARD

Gen. ward - 52

D.O.A. 9/2/23 Time 1:36pm

Rent Per Day 1500/-

Patient Name _____

IP No. _____

Room No. _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
9/2/24	7:30pm	R.No: 12 (1)	R.No: 15	gmm

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

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