

D.O.A. : 3/3/24 at : 5.48 pm

D.O.D. : 5/3/24 at : 3.00 pm

R Floor

(G/W) - 59(1)

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

BILLING CARD

Patient Name

Mr. PERUMAL

49/Male/MHC202408950

03/03/2024/IPC2024000705

D.O.A. 3/3/24 Time 5.48 pm

IP No. _____

Dr. ARTHI

Room No. _____

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	:	Laproscope	:
		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. :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

413124 PFS $\rightarrow$ 3346 ②

4/3/24 ppBS $\Rightarrow$ 3364 

513124 wine R/B -) 3424 8/

[illegible]