

1 Floor Room no (61) AIC

## BILLING CARD

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

**Mrs. JENNY**

Patient Name **Y** 40/Female/MHC202409428  
07/03/2024/IPC2024000752

IP No. \_\_\_\_\_ Dr. ARTHI

Room No. \_\_\_\_\_

Inj ?

D.O.A. 07/03/24 Time 11:00 AM

Rent Per Day Rs. 2900/-

### TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
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|      |      |      |    |                   |

### 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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### OXYGEN

### SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |





## 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 :            |
|                     | Others :                   |

Date

### LABORATORY

11/12/24 RBS, urea, Creatinine LFT, Sr electrolyte → 3582 &

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

7/3/24  
 7/3/24

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| PHYSIOTHERAPY |  |
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## NEBULIZER

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| OTHERS |
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DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE

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DATE \_\_\_\_\_

NUMBERS

$$= 13/24$$

8

8/3/24

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