

I floor  
cash

## BILLING CARD

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

**Mrs. KOTTESHWARI**

21 / Female / MHC202409705

07/03/2024 / IPC2024000754

Dr. SASIKALA



Patient Name

IP No.

Room No.

Gen. ward - 59

D.O.A. 7/3/24 Time 12:53pm

Rent Per Day 1800/-

### 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 :                           |
| Labour Room (Baby expired)<br>Date: 8/3/24, | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

[illegible]

## 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

7/3/24 CBC, BT, UT, PBS - 202403569

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

[illegible][illegible]

| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |