

DOA - 12.3.24 11.00am  
DOD - 13.3.24 at 6pm  
CASH

(56)

## BILLING CARD

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

**Mrs. DEVANESAM.E**

65 / Female / MHC202410006

12/03/2024 / IPC2024000801

Dr. ARTHI

Patient Name \_\_\_\_\_

IP No. \_\_\_\_\_

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

65 / ~~F~~

D.O.A. 12/3/24 Time 11.00Am

NON-AC - 55

Rent Per Day 1850/-

### TRANSFER DETAILS

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

### 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

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

### INFUSION PUMP

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

### OXYGEN

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

### SYRINGE PUMP

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

### ALPHA BED

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

### SCD PUMP

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

### VENTILATOR

| 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 :                   |

## LABORATORY

[illegible]

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

12 | 3 | 2

CH 215 PA 23879

Dust

U. V. S. T. A.

1213124

USG Abd

due

Dr. Jayanth

|    |   |    |
|----|---|----|
| 12 | 3 | 24 |
|----|---|----|

ECG 3880.

CBG

ABG

ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

NUMBERS

Net

Nil

Date \_\_\_\_\_

## PHYSIOTHERAPY

Nil

## NEBULIZER

## OTHERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

Nil

nil