

I floor

cash

## BILLING CARD

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

Patient Name

IP No.

Room No.

Mrs. THABU BEE VEE.S

23/Female/MHC202410345

13/03/2024/IPC2024000818

Dr.SASIKALA



Gen. ward - 89

D.O.A. 13/3/24 Time 09:36am

Rent Per Day

1500/-

## TRANSFER DETAILS

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

## OPERATION THEATRE

|                   |                     |                          |                                |
|-------------------|---------------------|--------------------------|--------------------------------|
| Date              | : 13/03/24          | OT No.                   | : 11                           |
| Surgeon           | : DR. Sasikala      | Start Time               | : 5:00 pm                      |
| I Asst. Surgeon   | : -                 | End Time                 | : 5:30 pm                      |
| II Asst. Surgeon  | : -                 | Dis. Pack                | : -                            |
| III Asst. Surgeon | : -                 | Diathermy                | : -                            |
| Anaesthetist      | : DR. M. Ravi Kumar | C-Arm                    | : -                            |
| OT Nurse          | : S/N. Regina       | Arthroscopy              | : -                            |
| Name of Surgery   | : DSC               | Laproscopy               | : -                            |
|                   |                     | Sevoflurane / Isoflurane | : -                            |
|                   |                     | Inj. Feptanyl            | : 2ml 10ml/Inj. Morphine 1 amp |
|                   |                     | 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 |
|------|-------|------|------------|------|-------|------|------------|
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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 :            |
|                     | Others :                   |

|      |            |
|------|------------|
| Date | LABORATORY |
|------|------------|

|      |                          |
|------|--------------------------|
| 1313 | 146, BT, CT, RBS - 03873 |
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