

1 FLOOR
CRAQUE



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

## BILLING CARD

D.O.A. 13/3/24 Time 1.04 PM

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

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

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

**B/O.RAMYA**

0/Female/MHC202410419

13/03/2024/IPC2024000828

Dr.ARAVINDH RAJHA P.S



Rent Per Day \_\_\_\_\_

### 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 : _____                     |
|                           | Sevoflurane / Isoflurane : _____       |
|                           | Inj. Fentanyl : 2ml 10ml/Inj. Morphine |
|                           | Others : _____                         |

#### MONITOR

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

#### INFUSION PUMP

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

#### OXYGEN

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

#### SYRINGE PUMP

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

#### ALPHA BED

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

#### SCD PUMP

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

#### VENTILATOR

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





## OPERATION THEATRE

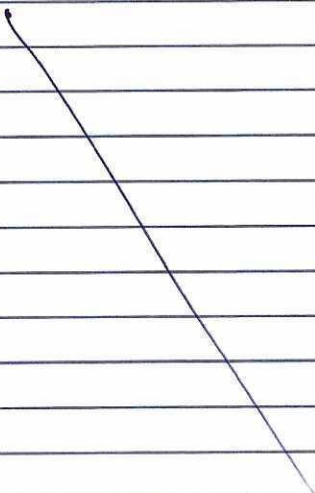
|                     |                            |
|---------------------|----------------------------|
| Date :              | OT. No. :                  |
| Surgeon :           | Start Time :               |
| I Asst. Surgeon :   | End Time :                 |
| II Asst. Surgeon :  | Dis. Pack :                |
| III Asst. Surgeon : | Diathermy :                |
| Anaesthetist :      | C-Arm :                    |
| OT Nurse :          | Arthroscopy :              |
| Name of Surgery :   | Laproscopy :               |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

Date

### LABORATORY

15/3/24

Bilirubin, Blm, Dem - 202403965



[illegible]