

DOA : 16/3/24 at : 10.20 Am

DOD : 18/3/24 at : 3.00 Pm

INS ?

II - FLOOR

BILLING CARD

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

Mr. VASANTH. B

36/Male/MHC202410683

16/03/2024/IPC2024000841

Dr. ARTHI

Patient Name M

IP No. _____

Room No. _____

GW (59)

D.O.A. 16.3.24 Time 10:20 AMRent Per Day Rs 1500/-

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	:	Laproscope	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

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

16/3/24	X-Ray Chest 4052	Due	V.K. Jha
16/3/24	Ech - }	Done	any
16/03/24	CT-Brain P	Due	Dr. -
17/03/24	Echo - 4052	due	Dr. Sureshkumar

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[6] 3) 24 ~~40~~ 9(1)

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS