

D.O.A - 29/03/24 at 8.47 pm

D.O.D - 29/3/24 at 3.00pm Floor

Non A/c

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

BILLING CARD

Patient Name Mrs. SHEELA
37/Female/MHC202411873IP No. 29/03/2024/IPC2024000963Room No. Dr. ARTHI

Cash

D.O.A. 29/03/24 Time 08.47 PMRent 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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

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 :

LABORATORY

CBC, LFT, RBS, Electrolytes: urea creatinine $\rightarrow$ 4598

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

29/3/24

EC67

517

Devo

K. Swetha

24612

24/3/22

CHEST PA

DUG

U = U_{cr} = 1

29. 13. 24

CT. 150 B (P)

Dkel

Dr. J. N.

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

ruil

mil

Date _____

PHYSIOTHERAPY

Paul

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

peil

mil