

4/10 13:00 I f/over



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

## BILLING CARD

**Mrs. RENUGA**

23 / Female / MHC202412355

01/04/2024 / IPC2024000986

Dr. SASIKALA



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

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

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

D.O.A. 01/04/24 Time 08:37 AM

Cash

Rent Per Day 1500

### TRANSFER DETAILS

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

### OPERATION THEATRE

|                     |                |                                          |          |
|---------------------|----------------|------------------------------------------|----------|
| Date :              | 1/04/24        | OT No. :                                 | (2)      |
| Surgeon :           | DR. SASIKALA   | Start Time :                             | 9.30 AM  |
| I Asst. Surgeon :   | _____          | End Time :                               | 10.00 AM |
| II Asst. Surgeon :  | _____          | Dis. Pack :                              | _____    |
| III Asst. Surgeon : | _____          | Diathermy :                              | _____    |
| Anaesthetist :      | DR. RAVI KUMAR | C-Arm :                                  | _____    |
| OT Nurse :          | YOGA           | Arthroscopy :                            | _____    |
| Name of Surgery :   | CA ENCUPLAGE   | Laproscopy :                             | _____    |
|                     |                | Sevoflurane / Isoflurane :               | _____    |
|                     |                | Inj. Fentanyl : 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |





| 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]

