

D.O.A - 5/4/24 AT 4.41pm

D.O.D - 6/4/24 AT: 4.41pm 2<sup>nd</sup> Floor Room no ALC**BILLING CARD**

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

**Mr. RAVI KUMAR.J**

43/Male/MHC202412853

Patient Name 05/04/2024/IPC2024001029

IP No. Dr. ARTHI

Room No.



D.O.A. 5/4/24 Time 4.41pm

Rent Per Day Rs 2900/-

**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   | : | Laprosocopy                            | : |
|                   |   | 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 :                   |

## LABORATORY

[illegible]

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

|          |                     |     |     |        |
|----------|---------------------|-----|-----|--------|
| 05/04/24 | ④ Shoulder xps      | Due | 8hs | } 1906 |
| 05/04/24 | CT: Facial bone     | Due | 8hs |        |
| 5/4/24   | ECU                 | due |     |        |
| 05/04/24 | CT - ④ Shoulder (p) | Due | por |        |

[illegible]

Date \_\_\_\_\_

## PHYSIOTHERAPY

| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |