

Date Adm 8/4/24 AT 2.30pm

Date Dis 10/4/24 AT 4pm Floor . Room no (52) 10/4

## BILLING CARD



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

Dr. KALAIVANI

30/Female/MHC202413125

Patient Name 08/04/2024/IPC2024001046

IP No. Dr. SANKARLINGAM

Room No.



CASH

D.O.A. 08/4/24 Time 02.30pm.

Rent Per Day Rs. 1850/-

### TRANSFER DETAILS

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

### OPERATION THEATRE

|                   |                     |                                        |          |
|-------------------|---------------------|----------------------------------------|----------|
| Date              | : 08/04/24          | OT No.                                 | : 02     |
| Surgeon           | : Dr. Sankar Lingam | Start Time                             | : 8.45pm |
| I Asst. Surgeon   | : -                 | End Time                               | : 9.30pm |
| II Asst. Surgeon  | : -                 | Dis. Pack                              | : -      |
| III Asst. Surgeon | : -                 | Diathermy                              | : -      |
| Anaesthetist      | : Dr. Ravikumar     | C-Arm                                  | : -      |
| OT Nurse          | : Regina            | Arthroscopy                            | : -      |
| Name of Surgery   | : Fissure In Ano    | 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 :                   |

[illegible]

