

D.O.A ⇒ 10/4/24
D.O.D ⇒ 10/4/24

IF forward no (59)(5)

BILLING CARD

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

Mrs.SENBAGAVALLI

Patient Name **34 / Female / MHC202413334**

IP No. **10/04/2024/IPC2024001063**

Room No. **Dr.ARTHI**



CASH

D.O.A **10/4/24** Time **9.40 Am**

Rent 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 :	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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

10/4/24 CBC, RBS, LFT, Urea Creatinine, Electrolyte,
Urine Routine → 5020

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

10/14/21
10/14/24

ECG
Chest

One
day

Signature
5029

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS