

DOB: 14/4/24 at 3pm

2024: 14/4/24 at 8pm

II - Floor

ICU

BILLING CARD



Medway JSP Hospitals
The way to better health

(A Unit of United Alliance Health)

Mrs. SATHYA

Patient Name: 40/Female/MHC202413765

IP No. 14/04/2024/IPC2024001098

Room No. Dr. ARTHI

Dr. ARTHI



INS ?

D.O.A. 14/4/24 Time 3:00pm

Rent Per Day 4900/-

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	①
		Others	:

MONITOR

Date	Start	Date	Disconnect
14/4/24	3:15pm	14/4/24	8pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
14/4/24	3:15pm	14/4/24	8pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 : <i>100</i>
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

[illegible]

14/4/24

FCG

3

Due

WZB [5163]

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

14 | 14 | 21

1