

D.O.A - 16/4/24 at 10.20pm

D.O.D - 19/4/24 at 4.00pm

(C/LW) 59(1)



Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt)

BILLING CARD

C.F.S. 18

Patient Name

Mr. KARTHIKYEN

39/Male/MHC202413810

16/04/2024/IPC2024001110

IP No.

Dr. ARTHI

Room No.



39/M

D.O.A. 16/4/24 Time 10.20pm

Rent Per Day 1,500/-

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

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

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

16/4

CH25 PA - 5229

DUG

225th

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

2

neil

Date _____

PHYSIOTHERAPY

mil

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

pull