

D.O.A: 30/4/24 at 6:59pm

D.O.D: 5/5/24 at 12pm

II Floor Non A/C

Re-9.15 Am

BILLING CARD

Medway JSP Hospitals
The way to
(A Unit of United)

Mrs. CHELLAMMAL

Patient 70/Female/MHC202415245

30/04/2024/IPC2024001233

IP No. Dr. ARTHI

Room No.



Cash

D.O.A. 30/4/24 Time 6.59pm

Rent Per Day 1850/-

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
30/4/24	7.15pm	2/5/24	11Am				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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[illegible]