

I Floor

5

Non A/C



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

## BILLING CARD

Patient Name **Mrs. HEMALATHA.P**  
27/Female/MHC202415869  
IP No. **07/05/2024/IPC2024001307**  
Room No. **Dr. VALLIAMMAL K**

D.O.A. **07/05/24** Time **10:10 pm**

Cash

Rent Per Day **1850/-**

### TRANSFER DETAILS

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

### OPERATION THEATRE

|                   |                      |                          |                                 |
|-------------------|----------------------|--------------------------|---------------------------------|
| Date              | : 08/5/24            | OT No.                   | : 1                             |
| Surgeon           | : DR! Valliammal     | Start Time               | : 9:30 AM                       |
| I Asst. Surgeon   | : DR! Sasikala       | End Time                 | : 10:00 AM                      |
| II Asst. Surgeon  | : -                  | Dis. Pack                | : -                             |
| III Asst. Surgeon | : -                  | Diathermy                | : -                             |
| Anaesthetist      | : DR! Mr. Ravi Kumar | C-Arm                    | : -                             |
| OT Nurse          | : Veeja              | Arthroscopy              | : -                             |
| Name of Surgery   | : MTP C Lap ST       | Laprosopy                | : used, instrument, monitor.    |
|                   |                      | Sevoflurane / Isoflurane | : 500/-                         |
|                   |                      | Inj. Fentanyl            | : 2ml 10ml/Inj. Morphine 1 Amp. |
|                   |                      | Others                   | : -                             |

### MONITOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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### INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
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### OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### ALPHA BED

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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|      |       |      |            |

### VENTILATOR

| 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 :                   |

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|      |
|------|
| Date |
|------|

|               |  |
|---------------|--|
| PHYSIOTHERAPY |  |
|---------------|--|

| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
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