

Re - 12-4 Rm

(G/LW)

7 Floor

**BILLING CARD**

CASH

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

Patient Name **Mrs. PAVUN**  
28 / Female / MHC202416241  
IP No. 11/05/2024 / IPC2024001344  
Room No. Dr. SASIKALA

D.O.A. 11/5/24 Time 8.07 PM

Rent Per Day 1,500/-

**TRANSFER DETAILS**

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

**OPERATION THEATRE**

Date : 12/05/24 OT No. : 01  
Surgeon : Dr. S. S. Kalyan Start Time : 9.45 AM  
I Asst. Surgeon : End Time : 10.15 AM  
II Asst. Surgeon : Dis. Pack :  
III Asst. Surgeon : Diathermy :  
Anaesthetist : Dr. Pavithra C-Arm :  
OT Nurse : YOGA Arthroscopy :  
Name of Surgery : Lap ST Laproscopy : Used  
Sevoflurane / Isoflurane :  
Inj. Fentanyl : 2ml 10mg / Inj. Morphine  
Others :

**MONITOR****INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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**OXYGEN****SYRINGE PUMP**

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

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

| Date | Start | Date | Disconnect | 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 :                   |

[illegible]

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

12/5

Chest X-Ray

due

-

202406224.

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

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