

II floor
Step down care
cash

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

BILLING CARD

Mr. DILLIBABU
57/Male/MHC202417171
21/05/2024/IPC2024001420
Dr. ARTHI


Patient Name Mr.

D.O.A. 21/5/24 Time 10:39 AM

IP No. _____

Rent Per Day 3300/-

Room No. _____

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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

~~LABORATORY~~

29/05/24 stool occult blood, urine analysis routine — 6612.

21/05/24

FCG

21105-124

Chest Pa

65 15

duo

fermi

Due

[Signature]

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS