

I floor General ward



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

## BILLING CARD

(Bill inform due to)

Patient Name Mrs. JAYALAKSHMI  
30/Female/MIIC202417227

D.O.A. 11.9.24 Time 09:38AM

IP No. 11/09/2024/IPC2024002477

Room No. Dr. SASIKALA

Rent Per Day 1500/-



### TRANSFER DETAILS

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

### OPERATION THEATRE

|                                     |                                                              |
|-------------------------------------|--------------------------------------------------------------|
| Date : <u>11/09/24</u>              | OT No. : <u>II</u>                                           |
| Surgeon : <u>Dr. Sasikala</u>       | Start Time : <u>4.00 PM</u>                                  |
| I Asst. Surgeon : <u>-</u>          | End Time : <u>4.30 PM</u>                                    |
| II Asst. Surgeon : <u>-</u>         | Dis. Pack : <u>-</u>                                         |
| III Asst. Surgeon : <u>-</u>        | Diathermy : <u>-</u>                                         |
| Anaesthetist : <u>Dr. Ravikumar</u> | C-Arm : <u>-</u>                                             |
| OT Nurse : <u>Srimathi</u>          | Arthroscopy : <u>-</u>                                       |
| Name of Surgery : <u>D/C</u>        | Laproscopy : <u>-</u>                                        |
|                                     | Sevoflurane / Isoflurane : <u>-</u>                          |
|                                     | Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine</u> <u>(1 amp)</u> |
|                                     | Others : <u>-</u>                                            |

### 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 |
|------|-------|------|------------|
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## 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 :                   |

Date

### LABORATORY

11/9/24      CBC, BT, CT, RBS, HBAIC, HBSAG, HIV, Thyroid profile  
 Total - 202411342

[illegible][illegible]

## PHYSIOTHERAPY

[illegible]