

R-NO: (54)

Doo: 26/5/24 at 2:30pm

11

Floor

(NON AC)

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

BILLING CARD

CASH

Patient Name **Mrs. SENTHAMARAI**
35/Female/MHC202417591
IP No. 25/05/2024/IPC2024001454
Room No. Dr. ARTHI

D.O.A. 26/5/24 Time 9.15pm

Rent Per Day 11850/-

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

[illegible]

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]