

A/L

Ins?

R. NO: (7)

1 floor

(7)



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

# BILLING CARD

Patient Name Mrs. VISALI.R  
25/Female/MHC202417732  
IP No. 27/05/2024/IPC2024001463  
Room No. Dr. SASIKALA

D.O.A. 27/05/24 Time 09:52 PM

Ins?

Rent Per Day 2900 / -

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
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## OPERATION THEATRE

|                   |                 |                                        |           |
|-------------------|-----------------|----------------------------------------|-----------|
| Date              | : 27/05/24      | OT No.                                 | : 02      |
| Surgeon           | : DR. Sasikala  | Start Time                             | : 7.15 PM |
| I Asst. Surgeon   | : -             | End Time                               | : 8.00 PM |
| II Asst. Surgeon  | : -             | Dis. Pack                              | : -       |
| III Asst. Surgeon | : -             | Diathermy                              | : -       |
| Anaesthetist      | : DR. Pavithram | C-Arm                                  | : -       |
| OT Nurse          | : Regina, Kavi  | Arthroscopy                            | : -       |
| Name of Surgery   | : LSC           | Laproscopy                             | : -       |
|                   |                 | Sevoflurane / Isoflurane               | : -       |
|                   |                 | Inj. Fentanyl : 2ml 10ml/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 |
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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 :                   |

LABORATORY

CRC, BT, G, RBS = 2406791

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

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| 27/5/24 | CTG | due | priya. 2406818. |
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| CBG  |         |      |         | ABG  |         | ACT  |         |
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| Date | PHYSIOTHERAPY |  |  |  |  |  |  |
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| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
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