

I floor

Non A/C

R.No: 10

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

BILLING CARD

Patient Name Mrs. YASMEEN
21/Female/MHC202418949
IP No. 07/06/2024 IPC2024001583
Room No. Dr. VALLIAMMAL K

D.O.A. 07/06/24 Time 07:21 PM

Cash

Rent Per Day 1850/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>07/06/24</u>	OT No. : <u>02</u>
Surgeon : <u>Dr. Valliammal</u>	Start Time : <u>9.15 am</u>
I Asst. Surgeon : <u>Dr. Sasi kala</u>	End Time : <u>10.00 am</u>
II Asst. Surgeon : <u> </u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u> </u>	Diathermy : <u>-</u>
Anaesthetist : <u>Dr. Ravi kumar</u>	C-Arm : <u>-</u>
OT Nurse : <u>Swathi</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>LSCS</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine -</u>
	Others : <u>2. FORTWIN ①</u>

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

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

7/6/24 CBC, BT, CT, RBS, Urine Routine - 2407304.

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

Kali 7329

ACT

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS