

D.O.A. 24/6/24 at 5:26pm
D.O.D. 25/6/24 at 12pm

Dr. R. R. R.
G. L. R.

BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Health)

Mrs. KALPANA

Patient Name 36/Female/MIC202467402

24/06/2024/IPC2024001739

IP No. Dr. ARTIII

Room No. 

CASH

D.O.A. 24/06/24 Time 05:26pm

Rent Per Day 1500/-

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 :

[illegible]

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

Chest Pz

Due

Sh [80/2]

ABG

ACT

NUMBERS

NUMBERS

NUMBERS

DATE _____

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS

NUMBERS

NUMBERS

DATE _____

NUMBERS

24/6/24

4 bite

due

swaff.k