

2 - Floor

A/c 15

# BILLING CARD

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

Mrs. JOTHILAKSHMI

Patient Name - 50/Female/MHC202468136  
03/07/2024/TPC2024001822

IP No. - Dr. VALLIAMMAL K

Room No. 

INS. ?

D.O.A. 03/07/24 Time 08:05 pm

Rent Per Day 2900/-

## TRANSFER DETAILS

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

|                     |                |                                        |                      |
|---------------------|----------------|----------------------------------------|----------------------|
| Date :              | 4/07/24        | OT No. :                               | ①                    |
| Surgeon :           | DR. VALLI      | Start Time :                           | 8:00AM               |
| I Asst. Surgeon :   |                | End Time :                             | 9:30AM               |
| II Asst. Surgeon :  | DR. SASIKALA   | Dis. Pack :                            |                      |
| III Asst. Surgeon : |                | Diathermy :                            |                      |
| Anaesthetist :      | DR. RAVI KUMAR | C-Arm :                                |                      |
| OT Nurse :          | YOGIA          | Arthroscopy :                          |                      |
| Name of Surgery :   | TLH CBSO       | Laproscopy :                           |                      |
|                     |                | Sevoflurane / Isoflurane :             | 1500/-               |
|                     |                | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | ① Amp                |
|                     |                | Others :                               | HPE 3 LARGE BIOPSY ① |

## MONITOR

| Date | Start | Date | Disconnect |
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## INFUSION PUMP

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## OXYGEN

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## SYRINGE PUMP

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## ALPHA BED

## SCD PUMP

## VENTILATOR

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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 :                   |

[illegible]

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

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| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
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