

Re - 01.20 PM

2-Floor

Non A/c

Room NO: 7

**BILLING CARD**

**Medway JSP Hospital**  
The Way to better  
(A Unit of United Alliance Health)

Mrs. VALAN ARASTI  
28/Female/MHC202469145  
16/07/2024/IPC2024001936

Patient Name

IP No.

Room No.

Dr. CHRISTINA RAJKUMAR



2NS?

D.O.A. 16/07/24 Time 06:22 PM

Rent Per Day 1850/-

**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

**OPERATION THEATRE**

|                   |                          |                          |                          |
|-------------------|--------------------------|--------------------------|--------------------------|
| Date              | : 17/07/24               | OT No.                   | : 11                     |
| Surgeon           | : DR. Christina Rajkumar | Start Time               | : 4:45 AM                |
| I Asst. Surgeon   | : -                      | End Time                 | : 5:15 AM                |
| II Asst. Surgeon  | : -                      | Dis. Pack                | : -                      |
| III Asst. Surgeon | : -                      | Diathermy                | : -                      |
| Anaesthetist      | : DR. badhmaraben.       | C-Arm                    | : -                      |
| OT Nurse          | : Regina, Yega           | Arthroscopy              | : -                      |
| Name of Surgery   | : LSCS                   | Laproscopy               | : -                      |
|                   |                          | Sevoflurane / Isoflurane | : -                      |
|                   |                          | Inj. Fentanyl            | : 2ml 10ml/Inj. Morphine |
|                   |                          | Others                   | : -                      |

**MONITOR**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**OXYGEN**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**SYRINGE PUMP**

| 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

16/7/24 HB, BT, CT, Urine Routine, PPS, blood group: 2408793

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

16/7/24 CTU due 8818.

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

20/7/24

Dressing

(1)