

D.O.A. 20/7/24 9:17 PM
DOD 20/7/24 4:00 PM

11-floor
cash

Gen. word - 59

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

BILLING CARD

Patient Name Mrs. JEEVA
34/Female/MIIC202469463
20/07/2024/TPC2024061985

D.O.A. 20/7/24 **Time** 9:17 pm

IP No. Dr. ARTIII


Room No. _____ **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 : Nil	C-Arm : Nil
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
			Nil				Nil

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
							Nil

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

nil

nil

Date

LABORATORY

21/1/24 Thyroid Profile (total) , (BC => 9017

nil

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

20/7/24
20/7/24

ECN
check x-rays

TP/9005

due
Day

Kousi
Mohan Raj

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

25

Nil

Date _____

PHYSIOTHERAPY

الفم

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS