

D.O.D 26.8.24 at Ppm.

B-FLoor

62

NON A/L

BILLING CARD**Medway JSP Hospitals**
The way to better
(A Unit of United Alliance Health)**Mr.XAVIER**

Patient Name

27/Male/MIIC202472192

25/08/2024/IPC2024602306

CASH

D.O.A. 25/08/24 Time 11:12 AM

IP No.

Dr.ARTIN

Room No.



Rent Per Day 1850/-

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

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

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

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

2518124
2518124

X-Ray Chest

10584

Due
Due

Shunt
Cray

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS