

Re 11-39 An

1 Floor

Single Room Non A/C



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

## BILLING CARD

Patient Name **Mrs.SONAM KUMARI**D.O.A. **04.09.24** Time **10:37 AM**IP No. **20/Female/MIC202472903**Room No. **04/09/2024/IPC2024002394**Rent Per Day **1850**

Dr.SASIKALA



### TRANSFER DETAILS

| Date   | Time     | From      | To                | Nurse's Signature |
|--------|----------|-----------|-------------------|-------------------|
| 5/9/24 | 12:15 AM | 1st Floor | ICU               | B. S. S.          |
| 5/9/24 | 8 PM     | ICU       | Room (15) Non Alc | R. N. S. 036      |
|        |          |           |                   |                   |
|        |          |           |                   |                   |
|        |          |           |                   |                   |

### OPERATION THEATRE

|                   |                  |                                        |           |
|-------------------|------------------|----------------------------------------|-----------|
| Date              | : 04/09          | OT No.                                 | : 02      |
| Surgeon           | : DR. Sasikala   | Start Time                             | : 4:45 PM |
| I Asst. Surgeon   | : -              | End Time                               | : 5:20 PM |
| II Asst. Surgeon  | : -              | Dis. Pack                              | : -       |
| III Asst. Surgeon | : -              | Diathermy                              | : -       |
| Anaesthetist      | : DR. Ravi Kumar | C-Arm                                  | : -       |
| OT Nurse          | : YOGA           | Arthroscopy                            | : -       |
| Name of Surgery   | : DFC            | Laproscope                             | : -       |
|                   |                  | Sevoflurane / Isoflurane               | : -       |
|                   |                  | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : AMP (1) |
|                   |                  | Others                                 | : -       |

### MONITOR

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

### INFUSION PUMP

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

### OXYGEN

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

### SYRINGE PUMP

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

### ALPHA BED

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

### SCD PUMP

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

### VENTILATOR

| 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 :                   |

[illegible]

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

[illegible]**CBG**

## ABG

**ACT**

[illegible]

## Date \_\_\_\_\_

## PHYSIOTHERAPY

## NEBULIZER

## OTHERS

[illegible]