

II Floor

Cash

Non A/c (53)



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

BILLING CARD

Mr. PUNNIYAKOTTILS

68/Male/MIIC202473040

06/09/2024/IPC20240602415

Patient Name _____

D.O.A. 06/09/24 Time 07:09 PM

IP No. _____

Dr. MANOILAR N

Room No. _____



Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
		/	/	Nil

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
		/	Nil

OXYGEN

Date	Start	Date	Disconnect
		/	

SYRINGE PUMP

Date	Start	Date	Disconnect
		/	Nil

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect
		/	

[illegible]

OPERATION THEATRE	
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	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
6/9/24	ECG		1139	DUE	Deepa		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
		/			/	nil	
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
		/			/	nil	