

II floor Single Room N/AE



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

BILLING CARD

Mrs. AGNES.M

27/Female/MIIC202473467

10/09/2024/IPC2024062467

Dr.ILANCHIET CHIENNI



Patient Name _____

D.O.A. 10:9:24 Time 6:08pm

IP No. _____

Room No. _____

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
10/9/24	11:00pm	Non AC to	AC room (57)	

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

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