

11 - Floor G/w

BILLING CARD

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

Patient Name **Mr.DHARUMAN**
47/Male/MHC202473975
IP No. 16/09/2024/TPC2024002530
Room No. Dr.ARTIII

CASH

D.O.A. 16/9/24 Time 11:33 Am

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 16/09/24	OT No.	: 2
Surgeon	: DR. PRASANNA	Start Time	: 1.00 pm
I Asst. Surgeon	: _____	End Time	: 1.30pm
II Asst. Surgeon	: _____	Dis. Pack	: _____
III Asst. Surgeon	: _____	Diathermy	: _____
Anaesthetist	: _____	C-Arm	: _____
OT Nurse	: Kavi	Arthroscopy	: _____
Name of Surgery	: (R) FOOT 1st Toe STURING	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

[illegible]

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 :

Date	LABORATORY
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