

D.O.A: 17/9/24
D.O.D: 18/9/24 8pm.

II floor

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INS?

Medway JSP Hosp
The way to better health
(A Unit of United Alliance Healthcare P.
Mrs. RAJESHWARI
23/Female/MNIC202474080
17/09/2024/IPC2024002547

Patient Name _____

D.O.A. 17/9/24 Time 08:28pm

IP No. _____

Dr. ARTII

Room No. _____

Rent Per Day 1800/-

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	:	Laprosopy	:
		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

[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

17/9/24

CBC, urea, creatinine, Electrolytes, LFT, RBS - 2411619

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

[illegible][illegible][illegible][illegible]

**Medway JSP Hospitals***The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs.RAJESHWARI		
Age / Sex :23 / FEMALE		IP Number : IPC2024002547
Doctor Name: DR.GRIDHARAN.,MS.,MCH.,(NEURO SURG)		D.O.A. :17/09/2024
Company Name: INTIMATE FASHION		D.O.D. :18/09/2024
Emp. ID : 32108		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	GENERAL WARD CHARGES (1500* 1.5DAYS)	2250
3	NURSING CHARGE (250* 1.5 DAYS)	375
4	DMO CHARGES (500*1.5 DAYS)	750
5	ECG CHARGES 1No	300
6	X RAY CHARGES 1 No	500
7	LAB CHARGES	1979
8	CT BRAIN CHARGES	2000
9	DISINFECTION CHARGES	200
10	MRD CHARGES	200
11	DRUGS CHARGES	1230
12	DR.GRIDHARAN.,MS.,MCH.,(NEURO SURG)	1000
13	DIETITIAN CHARGES	500
Bill Amount		11784
MOU Discount 10 %		1178.4
Final Bill Value		10605
Rupees : Ten Thousand Six Hundred and Five Only		
Rs. 10,605/-		
Insurance department		

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94557 94557
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam
044-2473 4455Mogappair
044-26530011Chengalpattu
044-27426829Villupuram
04146-242000Kumbakonam
044-2473 4455Kakinada
0884-2333367Heart Institute
044 - 4310 8959Institute of Pulmonology
044-2473 4451