

A/c

I floor - 7



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

BILLING CARD

Patient Name Mrs. LAVANYA PRAKASH

D.O.A. 21/09/24 Time 09:50 AM

IP No. 21.09.2024/PC/2024002613

Room No. Dr. SAsIKATa

Cash

Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	<u>22/09/24</u>	OT No.	:	<u>①</u>
Surgeon	:	<u>DR. SAsIKATa</u>	Start Time	:	<u>9.30 AM</u>
I Asst. Surgeon	:		End Time	:	<u>10.15 AM</u>
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	<u>DR. RAVIKUMAR</u>	C-Arm	:	
OT Nurse	:	<u>YOGIA</u>	Arthroscopy	:	
Name of Surgery	:	<u>① Lap Ovarian cyst</u>	Laproscopy	:	<u>INSTRUMENTS ONLY</u>
			Sevoflurane / Isoflurane	:	<u>500/-</u>
			Inj. Fentanyl	:	<u>20/10ml</u>
			Inj. Morphine	:	<u>① AM</u>
			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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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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PHYSIOTHERAPY

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