

DOD - 25/9/24 4:39 PM
DOD - 28/9/24 11:00 AM

II floor

Deluxe Room AC

Medway JSP Hospitals The way to better health (A Unit of United Alliance Health)		BILLING CARD					
Patient Name Mr. VIJAYA RAGAVAN		CASH		D.O.A. <u>25/9/24</u> Time <u>04:39</u> PM			
IP No. _____		Dr. ARTHI		Rent Per Day <u>41000/-</u>			
Room No. _____							
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 :		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

[illegible]

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

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