

DD: 28/9/24 at 6pm

11-Fluor

ICU

BILLING CARD

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

Patient Name: **Mrs. SUNDHARI**
78 Female MIIC202474935
28/09/2024/IPC2024002685

IP No. _____
Dr. ARTHI

Room No. _____

CASH

D.O.A. 28/9/24 Time 09:30

Rent Per Day 4900/-

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	:	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
28/9/24	9am	28/9/24	11Am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/9/24	11am	28/9/24	2pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

C-Pap

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				28/9/24	9am	28/9/24	11am

[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 : <i>not</i>
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

28/4/24 CBC, Urea, Creatinine 2D 12096

not

[illegible]