

ward rent ICU
BILLING CARD

Medway JSF
The way to b
(A Unit of United Alliance)

Mrs. GOMATHI.V
47 / Female / MHC202404268

Patient Na 29/01/2024 / IPC2024000297

IP No. Dr. ARTHI

Room No. 

D.O.A. 29/1/24 Time 01-00am

cash

Rent Per Day 1500 / -

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
31/1/24	2am	31/1/24	6am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

~~CBC, RES, RFT, LFT, electrolytes~~ / -0.339
~~CRP~~

~~Urine R/E~~ / - 01350.
~~PPBS, HBAIC~~

FBS - 1416

~~CBC~~ ~~FBS~~ - 1489

