

DoA : 29/1/24 at : 12.04 Am  
DOD : 30/1/24 at : 5.00pm

II Floor Non A/c - 56



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

# BILLING CARD

Patient Name **Mr. GUNASEGARAN.G**

IP No. **63/Male/MHC202404412**

Room No. **29/01/2024/IPC2024000296**

**Dr. SANKARLINGAM**



**D.O.A. 29/01/24** Time **12:04 AM**

**Cash**

Rent Per Day **1850/-**

| 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]

OT. No.

Start Time

End Time

Dis. Pack

## Diathermy

C-Arm

## Arthroscopy

## Laparoscopy

Sevoflurane / Isoflurane

Inj. Fentanyl

Others ☒

~~LABORATORY~~

29/1/24 RFT, RFT, Electrolytes, RBS, HIV~~IT~~, HBsAg, Anti HCV } -1347

29/1/24 univ. komplek = 1362

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

29.1.24

ECHO 1393

due

Dr. Suresh Kumar

CBG

|     |
|-----|
| ABG |
|-----|

ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

Date \_\_\_\_\_

|               |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
| PHYSIOTHERAPY |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|

NEBULIZER

|        |
|--------|
| OTHERS |
|--------|

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

29/1/24

## Dressing