

1<sup>st</sup> floor

S.T. ICU

DOA's 23/2/24 at 12.26 Am

23/2/24 at 12.25 Pm



Medway JSP Hospitals

The way to better health  
(A Unit of United Alliance)

Mr. BENJAMIN

Patient Name

55/Male/MHC202408084

D.O.A. 23/2/24 Time 12:26 Am

IP No.

23/02/2024/IPC2024000598

Room No.

Dr. ARTHI



Rent Per Day 4000/-

## BILLING CARD

### 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                            | : <i>NA</i> |
| Name of Surgery   | : | Laproscopy                             | :           |
|                   |   | Sevoflurane / Isoflurane               | :           |
|                   |   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | :           |
|                   |   | Others                                 | :           |

### MONITOR

### INFUSION PUMP

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 23/2/24 | 1Am   | 23/2/24 | 8Am        |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

### OXYGEN

### SYRINGE PUMP

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 23/2/24 | 1Am   | 23/2/24 | 8Am        |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | 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

23/2/24 CBC, RFT, LFT, RBS, Electrolytes - 2774

22