

DOA: 1/3/24 at: 12-46pm

DOD: 1/3/24 at: 5:00pm

II floor  
Cash

fee 3:30

**Medway JSP Hospitals**  
The way to better  
(A Unit of United Alliance Health)

**Mr. PERUMAL**

Patient Name

49/Male/MHC202408950

IP No.

Dr. ARTHI

Room No.



## BILLING CARD

Gen. board - 59

D.O.A. 1/3/24 Time 12:46p

Rent Per Day 1800/-

### 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 |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### ALPHA BED

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### VENTILATOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |



## 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 :                   |

[illegible]

| Date    | LABORATORY                                           |
|---------|------------------------------------------------------|
| 11/3/24 | HBAic, LPI, FBS, electrolytes, urea. creatinine -> 3 |
| 11/3/24 | wine complete -> 3161                                |
| 1/2/24  | ppBS -> 3168                                         |

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

|          |          |     |                |
|----------|----------|-----|----------------|
| 01/23/24 | ECG      | one | S. Sub<br>3153 |
| 01/23/24 | chest PA | one |                |

CBG

| DATE     | NUMBERS | DATE | NUMBERS |
|----------|---------|------|---------|
| 01/03/24 | 1 -     | 3179 |         |

ABG

ACT

| DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|
|------|---------|------|---------|

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|------|---------|------|---------|
|------|---------|------|---------|------|---------|------|---------|