

Master.LOGESHWARAN

15/Male/MHC202408979

01/03/2024/IPC2024000671

II Floor - Room no 55 N/AC

**Medway JSP Ho**

The way to better

(A Unit of United Alliance Healthcare Pvt Ltd)

Dr. ARTHI

**BILLING CARD**Patient Name MR Lokeshwar . S 15/mD.O.A. 01.3/24 Time 10.55 Am.

IP No. _____

Room No. _____

Rent Per Day Rs. 1850/-**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**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

Doc: 2/3/24 at: 12.00pm

[illegible]

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	✓	
BILL CLEARED :	✓	✓
RETURNS CHECKED :	✓	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANSFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURES :

OPERATION THEATRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

$$1 \mid 3 \mid 24$$
$$CBC \leq 3.71$$

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

1.3.24 - 2.12.24

Due

over 2

3172

1/2/24	ECG
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Done

19

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS