NON AIC

R.NO: 53

II FLOOR

(NON/AIC)

# BILLING CARD

INS?

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

Mr.DEVANESAN
30/Male/MHC202409269
03/03/2024/IPC2024000706
Dr.ARTHI

Patient Name
IP No.
Room No.

D.O.A 3/3/24 Time 7.30PM

Rent Per Day 1,850/-

## 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

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. Sudha (MS) | 4/3/24 | 5/3/24 | | | | | |
| Dr. Kanthikeyan (Ortho) | 5/3/24 | | | | | | |

| PHARMACY | | AMBULANCE |
|---|---|---|
| OT DRUGS REPLACED : | NIL | NIL |
| BILL CLEARED : | 2969/- S. Saranya. | |
| RETURNS CHECKED : | | |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )** NIL

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :** Did Consultation.

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

| | | | |
|---|---|---|---|
| 4.3.24 | USG. Abdomen | Due | Dr. Ameer Hussain. |
| 4/3/24 | CHEST | Due | V.V.Mart |
| 4/3/24 | ECG. | | |

340

### CBG

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

### ABG

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

### ACT

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

### PHYSIOTHERAPY

| Date | |
|---|---|
| | |

### NEBULIZER

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

### OTHERS

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

## 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 |
|---|---|
| 3/3/24 | CBC, RBS, urea, creatinine, LFT, Electrolytes, Amylase, Lipase → 3316 |
| 4/3/24 | FBS, HbA1c → 3340 |
| 4/3/24 | urine completes → 3354 |
| 4/3/24 | PPBS = 3359 |
| 5/3/24 | FBS → 3416 |
| 5/3/24 | PPBS → 3441 |
| 5/3/24 | urine culture = 3450 |