

DOA: 6/3/24 at: 4.01pm  
DOD: 9/3/24 at: 10.00AM

11 Floor Room N/AE (53)

(A) (Contract) ward Amount

## BILLING CARD

**Medway JSP Hospital**  
The way to better health  
(A Unit of United Alliance Healthcare P)

Mr. ANGA MUTHU

78/Male/MHC202409615

Patient Name 06/03/2024/IPC2024000746

IP No. Dr. SUDHA S

Room No.

CASH

D.O.A. 06/3/24 Time 4.01 pm

Rent Per Day Rs. 1500/-

### TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
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### 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 |
|------|-------|------|------------|------|-------|------|------------|
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### OXYGEN

### SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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**RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER**

|        |              |     |               |
|--------|--------------|-----|---------------|
| 6/3/24 | ECG          | DUE | TAMIL -> 3534 |
| 7/3/24 | CT chest     | due |               |
| 7/3/24 | Echo -> 3545 | due |               |
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| CBG  |         |      |         | ABG  |         | ACT  |         |
|------|---------|------|---------|------|---------|------|---------|
| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
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| Date | PHYSIOTHERAPY |
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| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
| 7/3/24    | 1 + 1   |      |         |        |         |      |         |
| 8/3/24    | 1 + 1   |      |         |        |         |      |         |
| 9/3/24    | 1 + 1   |      |         |        |         |      |         |