

DOA - 16/4/24 at 11.48 AM

DOD - 23/4/24 at 4.30 PM

(56)

II Floor

(NON AIL) (53)

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

**BILLING CARD**

CASH

Patient Name **Mr. KIRSHNAN.M**

79/Male/MHC202413562

IP No. 16/04/2024/IPC2024001112

Room No. Dr. SANKARLINGAM

D.O.A. 16/4/24 Time 11.48 AM

Rent Per Day 11550/-

**TRANSFER DETAILS**

| Date | Time | From | To  | Nurse's Signature |
|------|------|------|-----|-------------------|
|      |      |      | nil |                   |
|      |      |      |     |                   |
|      |      |      |     |                   |
|      |      |      |     |                   |
|      |      |      |     |                   |
|      |      |      |     |                   |

**OPERATION THEATRE**

|                   |                          |                                        |            |
|-------------------|--------------------------|----------------------------------------|------------|
| Date              | : 16/04/24               | OT No.                                 | : 02       |
| Surgeon           | : DR - Sankar Lingam     | Start Time                             | : 11.00 PM |
| I Asst. Surgeon   | : -                      | End Time                               | : 11.30 PM |
| II Asst. Surgeon  | : -                      | Dis. Pack                              | : -        |
| III Asst. Surgeon | : -                      | Diathermy                              | : -        |
| Anaesthetist      | : DR. Pavithran          | C-Arm                                  | : -        |
| OT Nurse          | : YOGA                   | Arthroscopy                            | : -        |
| Name of Surgery   | : (L) 3rd toe Amputation | Laproscopy                             | : -        |
|                   |                          | Sevoflurane / Isoflurane               | : -        |
|                   |                          | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : -        |
|                   |                          | Others                                 | : -        |

**MONITOR****INFUSION PUMP**

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

**OXYGEN****SYRINGE PUMP**

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

**ALPHA BED****SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | 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]

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

[illegible][illegible][illegible]

| NEBULIZER |         |      |         | OTHERS  |          |         |          |
|-----------|---------|------|---------|---------|----------|---------|----------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE    | NUMBERS  | DATE    | NUMBERS  |
|           |         |      |         | 16/4/24 | Dressing | 22/4/24 | Dressing |
|           |         |      |         | 17/4/24 | Dressing |         |          |
|           |         |      |         | 18/4/24 | Dressing |         |          |
|           |         |      |         | 19/4/24 | Dressing |         |          |