

DOB: 21/1/24 at 12:38 pm

DOB: 21/1/24 at 9:30 pm

II - Floor

Step down



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

BILLING CARD

D.O.A. 21/04/24 Time 12:38 pm

Patient Name: **Mr. MURUGESAN**
64/Male/MHC202414414
21/04/2024/IPC2024001152
IP No. _____
Room No. _____
Dr. ARTHI

CASH

Rent Per Day 3200/-

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 : <u>not</u>
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

[illegible]

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

21	4	24
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CBC, RBS, Urea, Creatinine, LFT,
Electrolytes, HBAIC / 5379

21/4/20

Urine R/E - 5383

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

$$\begin{array}{r} 21 \mid 4 \mid 04 \\ 01 \mid 4 \mid 04 \\ 21 \cdot 4 \cdot 24 \end{array}$$

ECG
Chest X-ray
Echo

Due
~~Due~~
due

Dr. Suresh Kumar

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

21	4	24
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1 - 5381
1 - 5383

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS