

DOA: 22/4/24 at 9:52am

DOD: 26/4/24 at 9:50am 11 Floor Ward

BILLING CARD



Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare)

Mrs. AMARAVATHY

Patient Name

73/Female/MHC202414493

D.O.A. 22/04/24 Time 09:52am

IP No.

22/04/2024/IPC2024001157

Cash

Room No.

Dr. HARI KRISHNAN

Rent Per Day 1500/-



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
22/4/24	1 pm	22/4/24	9 pm				
23/4/24	3 am	23/4/24	9 am				
23/4/24	11 am	24/4/24	7 am				
24/4/24	1 pm	25/4/24	8 pm				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				22/4/24	9 am	22/4/24	12 pm
				22/4/24	9 pm	23/4/24	3 am

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 :

Date

LABORATORY

22/4/24 CBC, urea, creatinine, Electrolytes, T 5404,
Tropoin T (quantitative), Urine Routine

23/4/24 FBS - 5434

23/4/24 ABL, CRP, NT Pro Bnp 3 => 5446

24/4/24 CBC, FBS - 5469

25/4/24 FBS - 5513

26/4/24 FBS - 5537

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
22/04/24	Chest AP - 5417			DUE			
22/04/24	CT - chest			due			
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
26/04/24	6-5553						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
25/4/24	1						
26/4/24	1						

Chert Ap - S417

Due

CT - chest

der

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

ACT NUMBERS

26/04/24

~~6-5553~~

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

25/4/24

1

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