

D.O.A: 14/5/24 at 12:37pm

ST. I.C.U.

D.O.D: 15/5/24 at 7pm

Re-24024

Medway JSP Hospitals The way to better health (A Unit of United Alliance Healthcare P.)		BILLING CARD	
Patient Name	Mr. ILAVARASAN	AN 33/17	D.O.A. 14/5/24 Time 12.37 pm.
IP No.	33/Male/MHC202416494		
	14/05/2024/IPC2024001363		
Room No.	Dr. ARTHI		Rent Per Day Rs. 3300/-
		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	:	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/5/24	12.45pm	14/5/24	6: pm				

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]

LABORATORY

CBC, RBS, Urea, creatinine, Sr. Electrolytes, LFT 9 6293

Urine RB - 63/2

CBC / 6330

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

[illegible]**CBG**

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS