

R.No: 54

ST. I.C.U. Rent

Medway JSP Hos.
The way to better health
(A Unit of United Alliance Healthcare)

Mr. SRINIVASAN

59/Male/MHC202417059

20/05/2024/IPC2024001412

Dr. ARTHI

**BILLING CARD**

pt stay in I.C.U.
But ST. Rent
I.C.U.
D.O.A. 20.5.24 Time 10.08

Patient Name

IP No.

Room No.

CASH

Rent Per Day Rs. 3300/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
23/5/24	3pm	ICU	54. Non AC	Arthi

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/5/24	11am	23/5/24	4pm				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

[illegible]

CBG				ABG				ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	
20/5/24	C17-6549							
21/5/24	1+1-6585							
22/5/24	1+1-6623							
23/5/24	1-6671							
24/5/24	1+1							
25/5/24	1+1 } 6730							

Date	PHYSIOTHERAPY
20-5-24	Limbs exercise 8147 <u>UPN</u>
21-5-24	Limbs exercise 8147 <u>20-5-24</u> <u>physio</u>
21-5-24	Limbs exercise 8147 <u>UPN</u>
22-5-24	Limbs exercise 8147 <u>21-5-24</u> <u>P</u>
22-5-24	Limbs exercise 8147 <u>21-5-24</u> <u>UPN</u>
22-5-24	Limbs exercise 8147 <u>22-5-24</u> <u>UPN</u>
23-5-24	Limbs exercise 8147 <u>22-5-24</u>
23-5-24	Limbs exercise 8147 <u>UPN</u> <u>UPN</u>
	<u>23-5-24</u> <u>23-5-24</u>

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
24-5-24		24-5-24					
21-5-24		21-5-24					