

DOD: 15/6/24 @ 12:00pm. II floor cash

Re-11:28 Am R. NO: (61)

 Medway JSP Hospitals The way to better health (A Unit of United All)		BILLING CARD Non-AC-ROOM	
Patient Name Mr. RAMESH KUMAR 51/Male/MHC202419315 10/06/2024:IPC2024001618		D.O.A. <u>10/6/24</u> Time <u>6:10pm</u>	
IP No. <u>Dr. SANKARLINGAM</u> Room No. 		Rent Per Day <u>1850/-</u>	

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
10/6/24	10:00pm	Single Room Non-AC (61)	AC Room (61)	R. Rangiyalakshmi

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

11/6/24	CBC, Urea, Creatino., LFT, FBS HBATC, HBSABU, Bnti HCV, HIV IS, II VDRL $\Rightarrow$ 7438
11/6/24	PPBS - 7442

[illegible]

10/06/24	(K) FORK	177412	Due	850
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CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

13	6	24
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1

dressing

14 | 6 | 24

1

1

15 | 16 | 24

7

17