

D.O.A- 24/6/24

D.O.D- 26/6/24 at 11pm

Rec: 10:55

(57) Non-AC

(59)

11 Floor

(C/LW)

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

**BILLING CARD**

CASH

Mr. RAGUL RAJ  
Patient Name 22/Male/MIIC202467423

D.O.A. 24/6/24 Time 8.38pm

IP No. 24/06/2024/IPC2024001740

Room No. Dr. SANKARLINGAM

Rent Per Day 1.500/-

**TRANSFER DETAILS**

| Date    | Time    | From          | To               | Nurse's Signature |
|---------|---------|---------------|------------------|-------------------|
| 24/6/24 | 11.30pm | G. Ward 59(2) | Non-AC Room (57) |                   |
|         |         |               |                  |                   |
|         |         |               |                  |                   |
|         |         |               |                  |                   |
|         |         |               |                  |                   |
|         |         |               |                  |                   |

**OPERATION THEATRE**

|                   |                    |                                        |           |
|-------------------|--------------------|----------------------------------------|-----------|
| Date              | : 24/06/24         | OT No.                                 | : 02      |
| Surgeon           | : Dr. Sankarlingam | Start Time                             | : 10.30pm |
| I Asst. Surgeon   | : —                | End Time                               | : 11.00pm |
| II Asst. Surgeon  | : —                | Dis. Pack                              | : —       |
| III Asst. Surgeon | : —                | Diathermy                              | : —       |
| Anaesthetist      | : Dr. Ravikulmar   | C-Arm                                  | : —       |
| OT Nurse          | : Regina           | Arthroscopy                            | : —       |
| Name of Surgery   | : Perineal Abscess | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

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

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |





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

|           |          |      |     |       |
|-----------|----------|------|-----|-------|
| 24/06/24  | chest pr | 7994 | Dec | for   |
| 24/6/2024 | ECG      |      | che | famil |

**CBG**

**ABG**

**ACT**

| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|------|---------|------|---------|
|------|---------|------|---------|------|---------|------|---------|

Date

**PHYSIOTHERAPY**

**NEBULIZER**

**OTHERS**

| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|------|---------|------|---------|
|------|---------|------|---------|------|---------|------|---------|

|         |          |
|---------|----------|
| 24/6/24 | Dressing |
| 25/6/24 | Dressing |
| 26/6/24 | Dressing |