

D.O.A H/7/24

D.O.D H/7/24

II - Floor

NDN A/C

## BILLING CARD

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

Mr. ARUN

Patient Name 31/Male/MIIC202469206

CASH

D.O.A. H/7/24 Time 01:35pm

IP No. 17/07/2024/IPC2024601953

IP No. Dr. ARTIII

Room No.

Rent Per Day 1850/-

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

## OPERATION THEATRE

|                   |                         |                                        |          |
|-------------------|-------------------------|----------------------------------------|----------|
| Date              | : 17/7/24               | OT No.                                 | : II     |
| Surgeon           | : Dr. Selvan            | Start Time                             | : 2.15pm |
| I Asst. Surgeon   | : -                     | End Time                               | : 2.45pm |
| II Asst. Surgeon  | : -                     | Dis. Pack                              | : -      |
| III Asst. Surgeon | : -                     | Diathermy                              | : -      |
| Anaesthetist      | : -                     | C-Arm                                  | : -      |
| OT Nurse          | : Kavi                  | Arthroscopy                            | : -      |
| Name of Surgery   | : Lt 3rd toe Toe Suture | Laprosopy                              | : -      |
|                   |                         | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

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

[illegible]



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

|          |                          |     |    |        |
|----------|--------------------------|-----|----|--------|
| 17/07/24 | Chest pr                 | Due | 86 | } 8863 |
| 17/07/24 | (Er) Foot <sup>m</sup> w | Due | 86 |        |
| 17/07/24 | (Er) Ankle w             | Due | 86 |        |
|          |                          |     |    |        |
|          |                          |     |    |        |
|          |                          |     |    |        |
|          |                          |     |    |        |
|          |                          |     |    |        |
|          |                          |     |    |        |
|          |                          |     |    |        |

| CBG  |         |      |         | ABG  |         | ACT  |         |
|------|---------|------|---------|------|---------|------|---------|
| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |
|      |         |      |         |      |         |      |         |

| Date | PHYSIOTHERAPY |
|------|---------------|
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |

| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |

| 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 :            |
|                     | Others :                   |

[illegible]