

DOA: 27/7/24 at 12:13pm

II floor  
Cash

DOD: 29/7/24 at 12:pm

Medway JSP  
The way to bet  
(A Unit of United Alliance H)

Mr. KOTIANDAN

68/Male MHC202469967

27/07/2024 1PC3024002048

Dr. ARTHI



## BILLING CARD

ICU

Patient Name

IP No.

Room No.

D.O.A. 27/7/24 Time 12:13pm

Rent Per Day 4900/-

## 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   | : | Laproscopy                             | : |
|                   |   | Sevoflurane / Isoflurane               | : |
|                   |   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : |
|                   |   | Others                                 | : |

## MONITOR

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 27/7/24 | 1pm   | 29/7/24 | 12:pm      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

## INFUSION PUMP

## OXYGEN

| Date    | Start | Date    | Disconnect | Date    | Start | Date    | Disconnect |
|---------|-------|---------|------------|---------|-------|---------|------------|
| 27/7/24 | 1pm   | 28/7/24 | 6am        | 28/7/24 | 4pm   | 29/7/24 | 12:pm      |
|         |       |         |            |         |       |         |            |
|         |       |         |            |         |       |         |            |
|         |       |         |            |         |       |         |            |
|         |       |         |            |         |       |         |            |

## SYRINGE PUMP

## ALPHA BED

## SCD PUMP

## VENTILATOR

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





## 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 :            |
|                     | Others :                   |

## LABORATORY

[illegible]