

DOB - 11/9/24 9:02 PM II floor
 DOD - 21/9/24 5:00 PM cash

 BILLING CARD		AC ROOM
Medway JSP Hospitals The way to better health (A Unit of United Alliance Healthcare)		
Mr. GUNASEELAN 40/Male/MIC202472742 01/09/2024/IPC2024002376		D.O.A. 1/9/24 Time 09:24 PM
Patient Name _____ IP No. _____ Room No. _____		Rent Per Day <u>2900/-</u>

TRANSFER DETAILS				
Date	Time	From	To	Nurse's Signature
21/9/24	12 PM	AC ROOM (57)	59 (2)	Vijayathir

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/9/24	9:30 PM	21/9/24	10 PM				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/9/24	9:30 PM	21/9/24	6: AM				

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

CBC. 10896

$$n_1$$

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

01/09/24

Chest Ap } 10297
Ecct }

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Don

[illegible]

CBG

ABG	ACT
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ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

	nil
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[illegible]

Date

PHYSIOTHERAPY	
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NEBULIZER

OTHERS	
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DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

119124

2

219124

1