

D.O.A - 2/9/24 at 11:12 AM 11 nd floor Non AC - Rs 1850
D.O.D - 3/9/24 at 12:00 PM



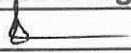
Mr.GODHANDAM
58/Male/MIIC202472765
02/09/2024/IPC2024002380

BILLING CARD

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

Patient Name Dr.ARTIII
IP No. 
Room No. 11-62

D.O.A. 2/9/24 Time 11:12 AM
Rent Per Day RS. 1850.

Date	Time	From	To	Nurse's Signature
2/9/24	10:40pm	R.NO: 62 (Non AC)	to R.NO: 53 AC	

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

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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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II Asst. Surgeon :	Dis. Pack :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

CBC, RBS, Urea, Creatinine, Lipase, Amylase, Electrolyte
V/R. 24/09/27

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

2/9/24

ECU

due

0959 - 0959

2109/24

US-Geholdenen

due

Dr. Saravanan - 0983

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

nil

nil

Date _____

PHYSIOTHERAPY

nil

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

nil

nil