

DOD : 03/10/24

Dec TIME : 5 PM



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

BILLING CARD

CD 8/11

Patient Name **Mr. RAMAMOORTHY**

24 Male/MIIC202475308

D.O.A. 2/10/24 Time 10.17 PM

IP No. _____

02.10/2024/1PC2024002734

Room No. _____

Dr. ARTHI

Rent Per Day A.900/-

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

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]

OPERATION THEATRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

2/10/24 CBL, Urea, Creatinine, LFT, Electrolytes, RBS ⇒ 2315

2/10/24 Urine R/E - 2317

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

ECU

she

temi l.

check po

Due

280

ABG

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

210/24

EBLN - ① ⇒ 2315

Date _____

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Stomach wash.