



Dr. SARAVANAN



BILLING CARD

Patient Name KUMARA SWAMI REDDY R D.O.A. 16/03/24 Time 1.00 PM
IP No. 1PM202400212
Room No. 302 Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/3/24	2 pm.	ER	3rd Floor 302.	Ravi 3170.
16/3/24	3.25 pm	2nd Floor 302	OT	Ravi 3198
16/3/24	4.30 pm	OT	2nd floor.	Smruti 3169

OPERATION THEA TRE

Date	: 16/3/24	OT No.	: 09-1
Surgeon	: DR. SARAVANAN	Start Time	: 4.00 PM
I Asst. Surgeon	:	End Time	: 4.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. GANESH	C-Arm	:
OT Nurse	: MAITHILI / LAKSHMI	Arthroscopy	:
Name of Surgery	: LUMBAR EPIDURAL	Laproscope	:
	: STEROID INJECTION.	Sevoflurane / Isoflurane	:
	: JLA	Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEA TRE	
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 :

LABORATORY

[illegible]

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