

Cash

MH/ PRINT / 0007 / BILL / FO

D.O.A. 09/08/24 Time 7:28 PM

Asis:- p/v bleeding

Room No. Single room Non AC

Rent Per Day 3000/-

[illegible]

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 :

INFUSION PUMP

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED / SCD PUMP

VENTILATOR

VENTILATOR				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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	Inj. Fentanyl :
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Date

LABORATORY

RADIOLOGY

Date

