

**BILLING CARD**Patient Name Mr. D. GaudhamD.O.A. 9/1/24 Time 18:30pmIP No. 2024000040Room No. 6/10-MRent Per Day 1000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
9/1/24	18:30pm	Casualty	6. ward	Shirubalay

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 :

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 THEA TRE	
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	Sevoflurane / Isoflurane :
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	Others :

LABORATORY

11/1/24	CBC	CRP	LEI	CRF	C	IPREQ 202400342
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

9/1/24 X(3)
10/1/24 X(9)
11/1/24 3

X(3)

11/01/24

November 2005

[illegible]