

**BILLING CARD**Patient Name Child - RUTHRASA RD.O.A. 15/11/24 Time 19:00 PMIP No. 20224000078Room No. 251/2Rent Per Day 1800**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
15/11/24	6:30 PM	Casualty	Dr. Alice	Dr. Subramaniam

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 :	Laproscopy :
	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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	Inj. Fentanyl :
	Others :

LABORATORY

~~CDC, LPI, LPI, CLP (ERK0202400210)~~

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

16/1/24

Chest X-Ray (202400203)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

16/1/24

9am

2pm

9pm

[illegible]