

**BILLING CARD**Patient Name Mr. G. S. SrinivasanD.O.A. 31/1/24 Time 16:45 pmIP No. 2024000174Room No. 203Rent Per Day 2000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
31/1/24	4:45pm	Casualty	2nd Floor	<u>Wij 2025</u>

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
1/2/24	3:30pm	5/2/24	3:30pm				

OPERATION THEA TRE

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 :

LABORATORY

Date	LABORATORY	Others
31/1/24	CBC (OP)	
31/1/24	PFT, electrolytes, RS (C418)	
1.2.24	Blood group RH (1453)	
2/2/24	pne culture & Sensitivity (1497)	
2/2/24	Good for cut blood	
2.2.24	CBC (1507)	

03/02/24
29 points.

[illegible]

mmc

Date	Date	Date
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ACCOUNTS
VERIFIED

ACB

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AMBULANCE

RETURNS CHECKED : Tot: 8765/-

Other Procedures : (specify) :-

5/2/24 Small dressing done by ^{Dr.} Anand m.s

5/2/24 at 11:13 AM

Sister In-charge