

**BILLING CARD**Patient Name MAS. Mohamed Sahith.D.O.A. 26/1/24 Time 9:40IP No. 2024000143Room No. G1W1MRent Per Day 1000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
26/1/24	9:30pm	Ward 14	By. Ward	S. N. Subbaraj

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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Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date 26/1/24

CBC, CRP, NP, MR (2020/1/37) LABORATORY

~~CBC1 CRP1 NP1 NR~~ (20201137)

нмд.

[illegible]