

**BILLING CARD**

Cash

Patient Name B. Vasundhara ; 29/F D.O.A. 20/4/24 Time 10:52 AMIP No. 166 Asis : IVF (Bleeding) VaginalRoom No. single room (AC) 112 Rent Per Day 4000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
20/4/24	12pm	EMR	112 room	P. Sandhya 0817
21/4/24	12:45pm	112 room	IVF	G. V. Durga 0813
22/4/24	1:08pm	IVF	112	G. V. Durga 0813

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

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