

**BILLING CARD**

Patient Name Mrs. H. Nabisha Devi D.O.A. 10/12/24 Time 12:30 PM
 IP No. 2024000224
 Room No. 206 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/12/24	1 AM	Casualty	2nd floor	P. Vinodhini

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
10/12/24	1:30 AM	10/12/24	@ 4:00 PM				
10/12/24	4:00 PM	11/12/24	3 PM				
12-12-24	1 AM	12-12-24	6 AM				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	LABORATORY
10/2/24	HBAIC, FB, FT, TSH (Rised) (18/9)
11/2/24	CBC, FBS (2401852)
12/2/24	WBC (1904)

Date _____

LABORATORY

10/2/24 HBARC, FB, FT, TSH (Raised) (18/9)

11/12/24 CBC/FBS (2401852)

12/12/24 WMA (1904)

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

10/2/24	USG - Abdomen Screening
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10/2/24	CBG	1908	13-2-24.
11/2/24	CBG	1907	6Am (2) 1920
CBG	(1)	1907	(2)
12/2/24	1Am	1907	
8pm	(1920)		

PHYSIOTHERAPY

12/21/24	12:30pm Chest Physio, Breathing Ex.
	4:00pm Chest Physio.
12/22/24	12:00am Chest Physio.

NEBULIZER

NEBULIZER

[illegible]