Dr. Kaithavalal Pavan Gao

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kaithavalal (5,000)							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 917 BILL CLEARED : NO: Due RETURNS CHECKED : P.Kala	

Other Procedures : (specify) :-

~~15/4/24 - Chemo 1 cycle done by 2nd floor~~

Admission Officer

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs Sarojo A D.O.A 15/4/24 Time 11:10AM

IP No. ab24000543

Room No. 214 Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/4/24	11 am	casualty	2nd Floor	Sarala

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 THEATRE

Date

Surgeon

Assist. Surgeon

Assist. Surgeon

Anesthetist

Assist. Anesthetist

Name of Surgery

Name

Name of Surgery

Anesthetic Technique

Anesthetic Medication

Pre Medication

Other

Anesthetic Notes

Date

Time

Pulse

Blood Pressure

Respiration

Temperature

Urine

Urine

Date

Instructions

Medication

Medication