

BILLING CARDPatient Name Baby. PithiksheD.O.A. 13/2/24 Time 10:10 AMIP No. 2024000243Room No. 203Rent Per Day 2000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
13/2/24	10pm	Crescent	2nd floor	P. J. Noshin
15/2/24	28:30pm	2nd floor	Gr/4	V. Nij/2100 DTB

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

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	:

Date

LABORATORY

14-2-24

~~CBC, LRP (2047)~~

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CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date
Dr. Kanagayam morning evening night	13/2/24	14/2/24	15/2/24
	12 am	10 am	9 am
	(2nd)	(2nd)	(2nd)
	9 pm	5 pm	
	2nd	2nd	
	6 pm		
	(2nd)		

AMBULANCE

OT DRUGS REPLACED : V. Jayar
BILL CLEARED : no done.
RETURNS CHECKED : Tot: 3811/2

Other Procedures : (specify) :-