

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Balaprasadh	24/8/24	27/8/24					
Dr. Jamuna	25/8/24	26/8/24	27/8/24	28/8/24	29/8/24	1/2/24	
Dr. Praveen	25/8/24	25/8/24	26/8/24	27/8/24			
Dr. Pradeep	25/8/24	25/8/24	26/8/24	27/8/24			
Dr. Subini	27/8/24						

Need
AC

PHARMACY	AMBULANCE
OT DRUGS REPLACED : JF. ml	
BILL CLEARED : TOTAL - 36439/-	
RETURNS CHECKED : no due / -	

Other Procedures : (specify) :-
 24/8/24 . Catheterization done by Camelid
 Verified by
 B. Subini
 24/8/24


BILLING CARD

Patient Name MRS. AMSA VALLI G D.O.A 24/8/24 Time 10:00 PM
 IP No. 2024000309
 Room No. 520 Rent Per Day 4100

TRANSFER DET AILS		Sister Signature	
Date	Time	From	To
24/8/24	10:00 PM	SR	SR
25/8/24	11:30 AM	SR	SR

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 : Laparoscopy :
 Sevoflurane / Isoflurane :
 Inj. Fentanyl :
 Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/8/24	10:00 PM	25/8/24	11:30 AM				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/8/24	10:00 PM	25/8/24	8 AM				
25/8/24	11 PM	27/8/24	10 AM				

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]