

**BILLING CARD**

Patient Name

Master.JAGATH RATCHAGAN G

7/Malc/MHM202404044

09/03/2024/IPM2024000194

D.O.A. 9/3/24 Time 10:30pm

IP No.

Dr.AIYSHA BEEVI

Room No.

Rent Per Day

Rs 2500/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
9/3/24	11:50pm	RR	2nd floor 303	Sandhya 3129

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 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 :

LABORATORY

9/3/24	Lepto sign , Scrub typhus (16/8)
--------	---

11/3/24 U.S.G Abdomen Scan done by Dr. Ramana (1662)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]