

Mr. PADMANABAN

72 Male/MHV202402030

12/09/2024/1PV2024000831

Dr. K. GAYA TIJIRI MD



Pati



IP No. _____

BILLING CARD**15 SEP 2024**

D.O.A. 12/09/24 Time 12.00 PM

Room No. Single Room NON A/C - 311Rent Per Day 1400/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
12/9/24	1 pm	OPD	ward (311)	<i>[Signature]</i>

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

[illegible]

LABORATORY

1319124 CBc, IF (5748)

[illegible]

[illegible]