

**BILLING CARD**

Patient Name P. Aparna (27/F) D.O.A. 7/4/24 Time 8:28 AM
 IP No. 109
 Room No. 101 Single non AC Δsis: Vaginal bleeding Rent Per Day 3000/-
TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/4/24	9 AM	Ent	104	P. Sandhya, osh

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	

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Date _____

LABORATORY

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