



BILLING CARD

Patient Name Mrs. SathyaD.O.A. 11/07/24 Time 9:59 AMIP No. IPE2024000180Room No. 206

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/7/24	9:59 AM	EMR	Ward	Au.
11/7/24	2pm	ward	OT	Au. (17:30)
11/7/24	2:40pm	OT	ward	Au.

OPERATION THEA TRE

Date	: 11/7/24	OT No.	: -
Surgeon	: Dr. Narmadha.	Start Time	: 11/7/24 @ 2pm
I Asst. Surgeon	: -	End Time	: 2:30pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Karimoghi	C-Arm	: -
OT Nurse	: Tamara	Arthroscopy	: -
Name of Surgery	: MP & Sterilization	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEA TRE

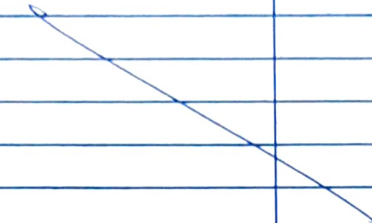
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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11/7/24. Biopsy

RA 1/24

BCG.



CBG

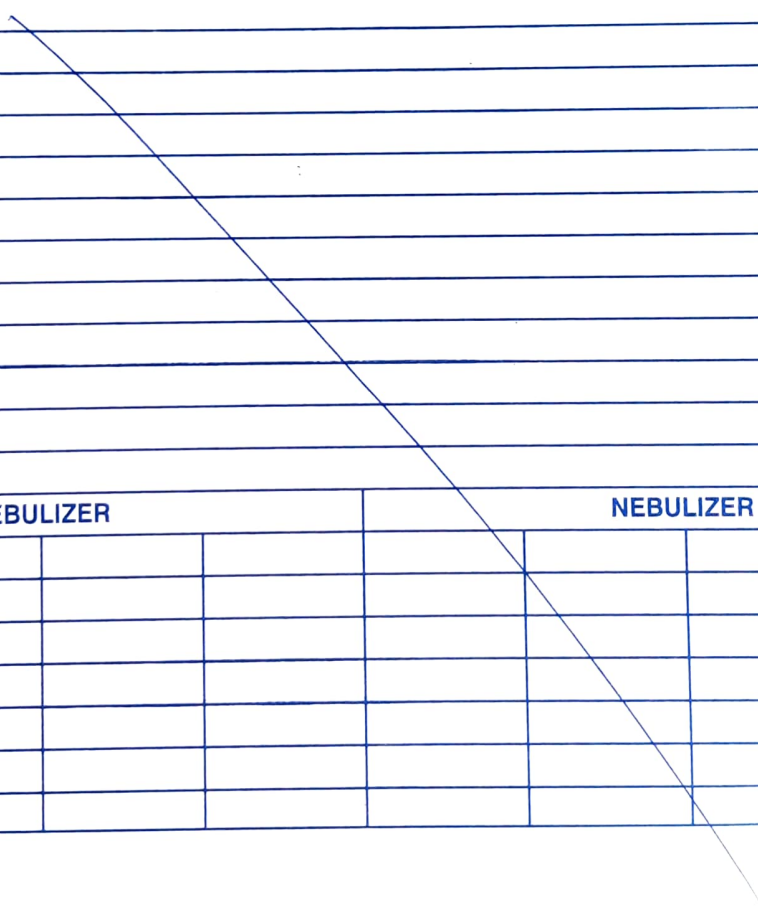
CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER



[illegible]