

BILLING CARDPatient Name Mr. N.S. ReddyD.O.A. 04/04/24 Time 08:38 pmIP No. EPK00105Room No. 105 RoomRent Per Day 3000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
4/4/24	9:30pm	EMR	105 Room	Lakshmi Kumari (post)

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
4/4/24	9:40pm	5/4/24	11:00am				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect



[illegible]**CBG**

4/4/24	1
5/4/24	1+1+1
6/4/24	1+1+1
7/4/24	1+1+1
8/4/24	1+1+1
9/4/24	1+1+1
10/4/24	1+1

PHYSIOTHERAPY

NEBULIZER

