

**BILLING CARD**

M.L.C

Patient Name D. Sriram (Go/M)D.O.A. 7/4/24 Time 10:37 AMIP No. 110Room No. 105 (Non AC) Adm: RTARent Per Day 3000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
7/4/24	11 AM	ER	105	P. Sandya 0017

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

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	Others :

Date	LABORATORY
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[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

7/4/24

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]