



BILLING CARD

 Patient Name K. Rama Devi

 D.O.A. 09-04-24 Time 12:37 Am

 IP No. 00113

 Room No. 32cu

 Δsis: 21. BURNING of lower face

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/4/24	11:00 AM	STCU	TEU	Charan
9/4/24	9 PM	STCU	112 (Room)	Dingari 0089

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	:	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
9/04/24	11:20 AM	9/4/24	9 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

LABORATORY

[illegible]

[illegible]

CBG

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

