

BILLING CARD

Patient Name Mr. Sriyamulu Naidu GD.O.A. 12.04.24 Time 9.00amIP No. Ip12024000284Room No. 302Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/4/24	9.45am	ER	3rd floor 302	Rach / 3170
12/4/24	8.35pm	III rd floor 302	TEU	R. Radhika 3205
13/4/24	6.35am	TEU	300 floor 302	R. Mohanap 2240

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
12/4/24	8.40pm	13/4/24	6.30Am				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/4/24	8.50pm	13/4/24	12am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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III Asst. Surgeon :	Diathermy :
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Name of Surgery :	Laproscopy :
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	Inj. Fentanyl :
	Others :

Date	LABORATORY
12/1/24	CBC, RFT, LFT (2511) Urine Routine (2512) Urine Culture (2513) CEA, CA19-9, PSA, AFP (2514)
12/4/24	(Amylase, Lipase) (2526) Specimen send to main lab HPE 1. Proximal body 2. Distal body (OWESTIDE)

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

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