



BILLING CARD

Patient Name B. Lakshmi 654/F D.O.A. 17-04-24 Time 9:27

IP No. SPK00148 Δ SIA:- SOB.

Room No. 104 Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	9:40pm	EMR	1st Floor	D. Tulagi 0015
19/4/24	10:20pm	10th	SIU	Vardhini
19/4/24	3:30pm	SIU	10th	Kumari

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
19/4/24	1:20pm	19/4/24	3:30pm				

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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[illegible]

