

Cough

MH/ PRINT / 0007 / BILL / FO

BILLING CARDPatient Name M. MangathayaruD.O.A. 23/4/24 Time 06:01 PmIP No. 175**METABOLIC . ENCEPHALOPATHY / HYPERCALCAEMIA**Room No. 102 (NAN - AC Room)Rent Per Day 3000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
23/4/24	7pm	EMP	1st Floor Room 102	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
23/4/24	7:30pm	24/4/24	1:20pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Name of Surgery :	Laproscopey :
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	Inj. Fentanyl :
	Others :

[illegible]

299/29

S-Electrolysis

24 | 4 | 24

Calcium

