

**BILLING CARD**
 Patient Name B/o. V. Satya Simsha [Male]

 D.O.A. 29/4/24 Time 11:43 AM

 IP No. 184

 DOD - 29/4/24

 Room No. N8C0 (Single photo therapy)

 Rent Per Day Phototherapy - Single
**TRANSFER DET AILS**

| Date | Time | From | To | Sister Signature |
|------|------|------|----|------------------|
|      |      |      |    |                  |
|      |      |      |    |                  |
|      |      |      |    |                  |
|      |      |      |    |                  |
|      |      |      |    |                  |
|      |      |      |    |                  |
|      |      |      |    |                  |

**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**

| Date    | Start   | Date    | Disconnect |
|---------|---------|---------|------------|
| 27/4/24 | 12:30pm | 29/4/24 | 11 AM      |
|         |         |         |            |
|         |         |         |            |
|         |         |         |            |
|         |         |         |            |

**INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**OXYGEN**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
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|      |       |      |            |

**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 :                   |

**Date**

### LABORATORY

29/4/24 Bilirubin

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

[illegible]**CBG**[illegible]**CBG**

## PHYSIOTHERAPY

## Date \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue lines. A vertical red line runs down the left side, creating a margin. The paper appears slightly aged or off-white. There are some faint smudges and marks on the surface, particularly near the center and right edge.

## NEBULIZER

[illegible]

## NEBULIZER

[illegible]

[illegible]