

D.O.A 29/4/24

D.O.D 1/5/24

2nd floor Room NO 53
AC**BILLING CARD**Patient Name Mr. Dinesh KumarD.O.A. 29/4/24, Time 12.20pmIP No. 1216Room No. 53Rent Per Day 2.900 RS/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
29/4/24	8.00pm	52	53 AC Room	Deepa

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

29/4/24	CRP, CBC, RBS, urea, creatinine, LFT, Dengue NS, Tumor, urine complete, widal	56
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