

**BILLING CARD**Patient Name R. Sastika. (Baby)D.O.A. 04/05/24 Time 12.30. Pm.IP No. IP2024000624Room No. 205Rent Per Day 2.000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
4/5/24		Casualty	2nd floor	Subarna

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Date _____

LABORATORY

4/5/24

RFI, CBC, Sr-electrolytes, CRP (20240131q)

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

4/5/24 - Chest x-ray (202401319)

6/5/24 Kalisayan 86m CSO Abd Hospital Ambulance Pt Pain

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

6/5/24
Neb - (2)

7/5/24
Neb - (1)

ref: Dr. manivanna

[illegible]