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BILLING CARD

Cath

Patient Name Botta - Ganga Bhawan: 42/FD.O.A. 6/5/24 Time 5:22 PMIP No. 206

Dis - CKD

DOP - 7/5/24Room No. Greenery WardRent Per Day 1800/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
6/5/24	6:15 pm	EMR	109 Room.	Sridani - DD41
7/5/24	3 AM	Room - 109	SICU	Asha.
8/5/24	7:40 AM	SICU	109 Room	Syama

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
7/5/24	3:30 AM	7/5/24	7:30 AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/5/24	3:30 AM	7/5/24	10:30 AM				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/5/24	3:30 AM	7/5/24	7:30 AM				

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LABORATORY

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