

**BILLING CARD**Patient Name Mr. S. K. AdvikD.O.A. 6/5/24 Time 20:15pmIP No. 2024000643Room No. 215Rent Per Day 1000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
6/5/24	10:40	Casualty	Corridor	<i>[Signature]</i>

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

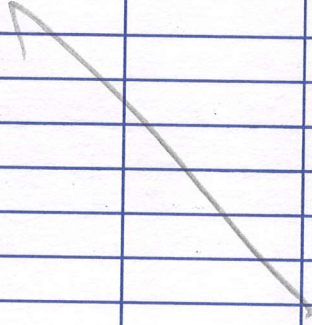
Date	Start	Date	Disconnect

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Date	LABORATORY
6/6/24	CBC, CRP (202400831)
7/5/24	ASO titer, RA Factor, ESR, (202405974) Throat swab cls (5/7/81) primigen

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

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

Date _____

PHYSIOTHERAPY

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

[illegible]