

**BILLING CARD**Patient Name Baby - ARANNI.PD.O.A. 8/5/24 Time 11.31 AMIP No. 2024000650Room No. 214/1Rent Per Day 1500**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
8/5/24	12pm	Cesarean	2nd floor	P. Vinodhini 2164

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

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	Others :

LABORATORY

cnp, platelet (bony) ✓

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

8/5/24

x-ray chest

70

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

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