

**BILLING CARD**

Patient Name Mr. Giubbala Lova Raju, 35y/M O.A. 10/5/24 Time 10:50 AM
 IP No. 213 Δ8151- CKD Book
 Room No. General Ward Rent Per Day 1800/- day 11/5/24

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/5/24	12pm	End	111	P. Sankar 10/5/24

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

OPERATION THEA TRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

10/5/24 Ss. Electrolytes Blood culture^{NO} - ①

10/5/24 Blood culture^{NO} - ② ,

[illegible]

[illegible]