

**BILLING CARD**Patient Name Mr. - Penupothu nagulu

DOD-13-5-24

D.O.A. 10-5-24 Time 9:55 PM

IP No. 216

Dsis: General wards

Room No. Single Room A/CRent Per Day 4000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
10/5/24	10:20PM	FMP	203 ROOM	Tulasi (CCUS)

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	
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