

**BILLING CARD**Patient Name child. shivani. VD.O.A. 13/5/24 Time 2.15. PmIP No. 2024000673Room No. 211Rent Per Day 2000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
13/5/24	2.50pm	Emergency	2nd Floor	Day

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. :
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	Sevoflurane / Isoflurane :
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	Others :

Date	LABORATORY
13/5/24	platelet, peripheral smear, seque ^{19m} ELISA, serotyping ^{19m} ^{ca}
	urine complete.
14/5/24	Platelet, PCV (6351)
14.05.24	Platelet, PCV (6393)
15/5/24	Platelet (6450)
16/5/24	platelet, PCV (6450)

Date _____

LABORATORY

1315124.

platelet, peripheral smear, urine complete.

79m
E112

Scrub typhus.

Ign
EUP

14/5/24

Platlet, Pcu (6351)

14.05.24

platelet, per L68937

15/5hr

Platelet [6450]

16/5/29

platelet, per (6450.)

ref: Dr. Rajesh Kannan

[illegible]