

**BILLING CARD**Patient Name Ainavilli . venkatalexmi . 57/F D.O.A. 14/5/24 Time 1.59PMIP No. 220Room No. Female general ward Asis (Lt) Hip Rent Per Day 1800/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
14/5/24	2pm	CMR	Female ward	J. Sandya 0017 Baby Ravi

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
16/5/24	6-AM	16/5/24	9AM				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

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

14/5/24 ECG, chest x-ray
15/5/24 2 Dexts Seeing

CBG

CBG

16/5/24

6 + 1

1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]