

**BILLING CARD**Patient Name Mrs. M. Devi Srilakshmi 24/f. D.O.A. 31/5/24 Time 6:55 PMIP No. 258Room No. 101DOD: 31/5/24
Rent Per Day 3,000/- day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
31/5/24	7:10 PM	EMR	101 - ROOM	Tulasi (0045)

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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	Inj. Fentanyl :
	Others :

LABORATORY

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