

**BILLING CARD**Patient Name Mrs. Jebtha. AD.O.A. 27/5/24 Time 09:30amIP No. 220000728Room No. 215/2Rent Per Day 1500**TRANSFER DET AILS**

| Date    | Time     | From     | To           | Sister Signature |
|---------|----------|----------|--------------|------------------|
| 27/5/24 | 01:00 PM | Casualty | Dr. D. D. D. | S. N. Subaney    |
|         |          |          |              |                  |
|         |          |          |              |                  |
|         |          |          |              |                  |
|         |          |          |              |                  |

**OPERATION THEA TRE**

|                   |                           |                          |                |
|-------------------|---------------------------|--------------------------|----------------|
| Date              | : 27/5/24                 | OT No.                   | : 1            |
| Surgeon           | : Mr. Asha valanther .meh | Start Time               | : 2:00 PM      |
| I Asst. Surgeon   | : -                       | End Time                 | : 2:30 PM      |
| II Asst. Surgeon  | : -                       | Dis. Pack                | : -            |
| III Asst. Surgeon | : -                       | Diathermy                | : -            |
| Anaesthetist      | : -                       | C-Arm                    | : -            |
| OT Nurse          | : Kaitha                  | Arthroscopy              | : -            |
| Name of Surgery   | : Diagnosis cysto ureth   | Laprosopy                | : Used wintef. |
|                   | Local copy                | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

| 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 :                   |

## LABORATORY

HBs serology, BcT, urine complete,  
urine culture & sensitivity  
(2002/06/9710)

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

27/5/24 214 (2082406970)

**CBG**

**CBG**

27/5/24  
com - 1 ( )

**Date**

**PHYSIOTHERAPY**

**NEBULIZER**

**NEBULIZER**

