

**BILLING CARD**Patient Name MR. VIJAYESHWARI. RD.O.A. 28/5/24 Time 13:45 PMIP No. 2024000740Room No. 214 / 2Rent Per Day 1500**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
28/5/24	2 ¹⁵ pm	Casualty	2nd Floor	S/w celin Ravi (2230)

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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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: pr. verklet Sampath.

[illegible]