

**BILLING CARD**Patient Name MRS. MEENABAL.CD.O.A 29/5/24 Time 12:00 PMIP No. 202400074202.10 PMRoom No. GT/W/FRent Per Day 1000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
29/5/24	1:45 PM	Casualty	G. Ward	S. Subarna

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. :
Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
29/5/24	urine routine, plasma ureolono, potassium
29/5/24	CBC, HbA1c, Glucose fasting, PFBS (oppaio)

[illegible][illegible][illegible][illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date
P. Jameuna 1130 pm ↗	29/5/24	30/5/24 11 am 5 pm	31/5/24	(X)		
DR. Alex Moses		30/5/24	(1)			
			Noted			
			AQ			

AMBULANCE

RETURNS CHECKED : Tot: 1002/-

Other Procedures : (specify) :-

S/N Kautthice
2236
31-05-2024
@ 12-35 pm

Admission Officer :

Sister In-charge