

**BILLING CARD**Patient Name : Mithran. AD.O.A. 20/5/24 Time 8.00 AMIP No. 2024000746Room No. G/W (m)Rent Per Day 1000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
20/5/24	8:45 PM	Casualty	G. Ward	S/N 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	
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	LABORATORY
30/5/24	CBE, CRP, PBS, RFT, Sr. Electrolytes ,
	Sr. Calcium [2401526]

Date 20/5/24

LABORATORY

CBC, CRP, PBS, RFT, Sr. Electrolytes

Dr. Calcium [2401526]

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

31/5/24 { Arun scan MRI } In own ambulance
ECHO (Sengam Hospital) (Mw)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

ref: viralkumar

[illegible]