

**BILLING CARD**Patient Name Master. CH. SrinivasD.O.A. 30/5/24 Time 7:33 PMIP No. 257DOD: 3/5/24Room No. 109 Sharing NMACRent Per Day 2000/- day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
30/5/24	7:33 PM	GMH	109	Jyothi

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

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