

**BILLING CARD**Patient Name Mrs. Devaki. KD.O.A. 7/6/24 Time 13.30.PmIP No. 2024000782Room No. 207Rent Per Day 2000.**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
7/6/24	3pm	301 Caswell	2nd Floor	Sr. Buby 0182.

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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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

7/6/24 CBL, RBS, RFF, ~~Barium~~ & Electrolyte, CRP (202405509)

8/6/24 Potassium (7499)) is raised.

