

**BILLING CARD**Patient Name MRS - Tami 2 H PAVAS. KD.O.A. 15/4/24 Time 17:00 PmIP No. 2024000 815Room No. 207Rent Per Day 2000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
15/6/24	6:30 PM	ER	2nd floor	karthiga

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 :	Laprosopy :
	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 :

LABORATORY

15/6/24 CBC, BT, CT, RFT, LFT, PDS, Serology, Blood & Tissue
Sp. β -HCG, peripheral smears. (ERK020240164)

15/6/24 VDR (Rise)

[illegible]

Ref: Dr. PRABHAKAR Parshuram

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