

**BILLING CARD**Patient Name B. Venkata Ratnam, 69 Y/FD.O.D. 27/6/24D.O.A. 16/06/24 Time 11:48 AMIP No. 278Sis. C.K.DRoom No. SICURent Per Day 9000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
16/6/24	12pm	EMR	SICU	Syama Devi
18/6/24	9.20pm	SICU	Room 202	Kumari

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
16/6/24	12pm	18/6/24	9.20pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				16/6/24	5:10pm	16/6/24	9.30pm
				16/6/24	5:10pm	16/6/24	11.30pm
				17/6/24	8.30am	18/6/24	8.15am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

