

**BILLING CARD**Patient Name Mrs. Karthika. MD.O.A 15/6/24 Time 11:30pmIP No. 2024000816Room No. 204Rent Per Day 2000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
15/6/24	8pm	Casualty	2nd floor	Sand

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	
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 :
Date	LABORATORY
15/6/24	CBC, Beta HCG, Peripheral smear, GT, CT, LFT, RFT, VDRL Test, RBS, Blood group + type, Serology (202402930)

LABORATORY

15/6/24 (CBC, Beta HCG, Peripheral smear, PT, PTT, UFT, RFT, VDRL Test, RBS, Blood group + type, Serology (2024029.30))

[illegible]

