

**BILLING CARD**Patient Name V.V.V. vsharani, 38y / FDOB 20/6/24D.O.A. 16/06/24 Time 7:17PMIP No. 279ADIT SEVERE ANEMIARoom No. 205Rent Per Day 4000/-**TRANSFER DET AILS**

| Date    | Time    | From     | To       | Sister Signature |
|---------|---------|----------|----------|------------------|
| 16/6/24 | 7:30pm  | EMR      | 205      | Chandana         |
| 17/6/24 | 10:30Am | 205      | S.I.C.U. | S/N Kalyani      |
| 17/6/24 | 1:30pm  | S.I.C.U. | 205      | S/N Kalyani      |
| 19/6/24 | 7:30pm  | 205      | SLCU     | Uma              |
| 19/6/24 | 9:20pm  | SLCU     | Room 205 | Kumari 001       |

**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 |
|---------|---------|---------|------------|------|-------|------|------------|
| 17/6/24 | 10:30Am | 17/6/24 | 2:00pm     |      |       |      |            |
| 18/6/24 | 10:30Am | 18/6/24 | 1:30pm     |      |       |      |            |
| 19/6/24 | 7:30pm  | 19/6/24 | 9:20pm     |      |       |      |            |
|         |         |         |            |      |       |      |            |

**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

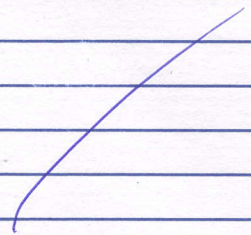
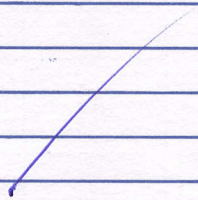
17/6/24 stool for Adult. ~~Stool~~  
 19/6/24 Hb  
 19/6/24 urine / ~~urine~~ serum ferritin Levels



RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

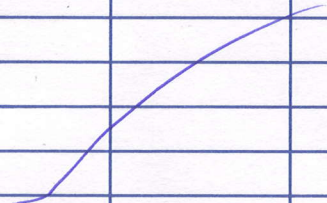
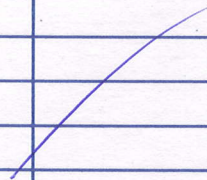
7616124

ECTG.



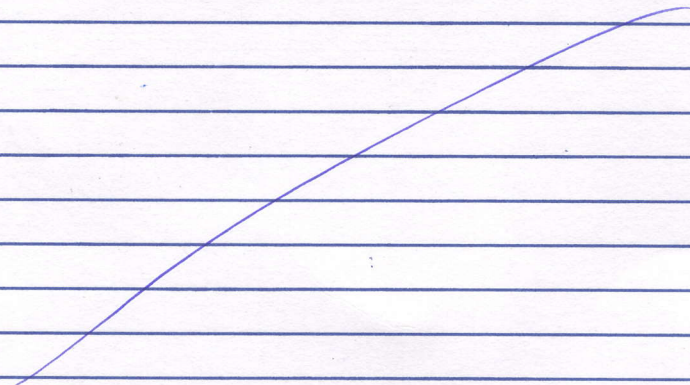
CBG

CBG



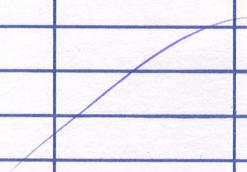
Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER





[illegible]