

**BILLING CARD**

Patient Name Mr. - Gullipalli Lava Appala Nayudu D.O.A. 20/6/24 Time 11:45 PM
 IP No. 289 A Sig pt metatarsal
 Room No. male ward Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/6/24	11:30 PM	EMR	2nd m/w	Sudhakar
22/6/24	10:10 AM	M/w	OT	Vandhika (0090)
22/6/24	11:00 AM	OT	m/w	mani 0003

OPERATION THEA TRE

Date	: 22/6/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 10:30 AM
I Asst. Surgeon	: -	End Time	: 11:00 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Sandeep	C-Arm	: 10:30 AM to 11:00 AM
OT Nurse	: mani	Arthroscopy	: -
Name of Surgery	: (R) metatarsal	Laprosopy	: -
	: K-wire fixation	Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

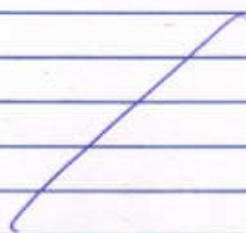
Date

LABORATORY

80/6/24 (CBC, BT, CT, Blood group, Blood Sugar)
(S. creatinine, B. urea, T. Bilirubin, viral marks)

Surgical profile.

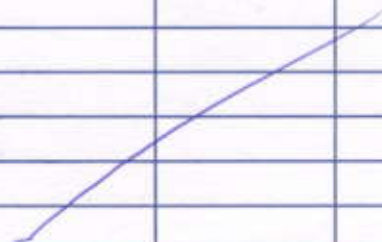
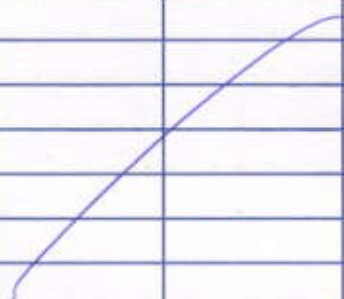
20/12/24 X-ray - Rt foot → paid in op by patient



CBG

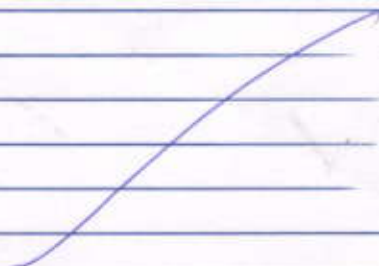
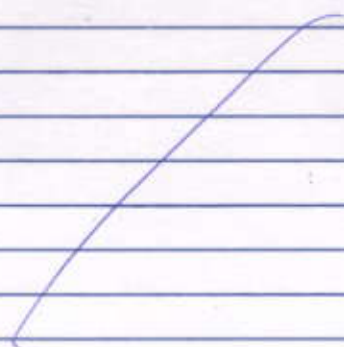


CBG



Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER



[illegible]