

**BILLING CARD**
 Patient Name Mr. Mediretti Gavinda Raju 62y D.O.A. 26/6/24 Time 04:37 PM

 IP No. 302

 Room No. NMAC-104

 Adm. - DOD-29/6/24

 Rent Per Day 3,000/- day
TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/8/24	5pm	ENR	104 room	P. Sandya 05/7

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

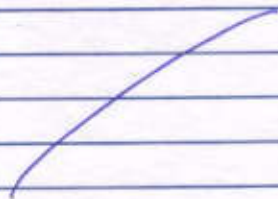
ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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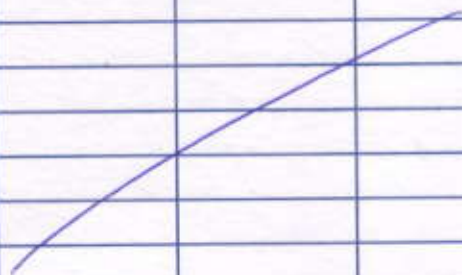
[illegible]

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



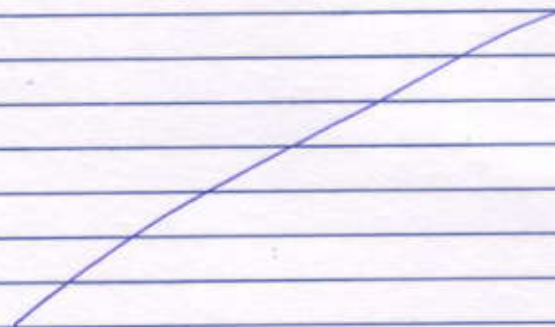
CBG

CBG



Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER

26/6/24

1

27/6/24

1

1

28/6/24

1

1

29/6/24

1



