

**BILLING CARD**Patient Name Mrs. RameshD.O.A. 01/7/24 Time 8:30 AMIP No. 2024000154Room No. 02-19Rent Per Day 1400 / Day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
01/7/24	8:30 AM	Emergency	Ward 1	[Signature]

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

OPERATION THEA TRE

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Surgeon :	Start Time :
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II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

31/3/24	Chest X-ray	Done
	Right foot x-ray	done

3/24	Xray L5 spine AP	Find
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CBG

CBG

●	1	2	3	①
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Date _____

PHYSIOTHERAPY

6/17/24 (1) left

NEBULIZER Dressing		

NEBULIZER

1	7	24	1
2	7	24	1
3	7	24	2
4	7	24	1
5	7	24	2
6	7	24	1
7	7	24	1

