

**BILLING CARD**Patient Name mrs- Paramati TejaswiD.O.A. 4-7-24 Time 11:47 AMIP No. 312Dis: FEVER DOD - 5/7/24Room No. single Room A/cRent Per Day 4000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
11/7/24	2:40 PM	EMR	202-ROOM	D. Tulga (0045)

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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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

1/7/24

CBP. Dengue. ABR Urine Microscopic

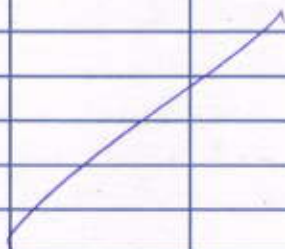
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

4/7/24

x-ray chest ap



CBG

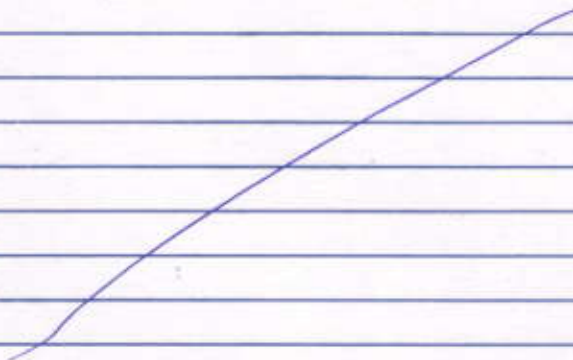


CBG



Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER



