

**BILLING CARD**

Patient Name K. KALYAN SAI KUMAR 23/M D.O.A. 4/7/24 Time 4:38 PM
 IP No. 315 DOD 7/3/24
 Room No. GENERAL WARD Rent Per Day 1800/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24	5:00 PM	SMR	GENERAL WARD	Chaitanya

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	:	Laprosopy	:
		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

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
4/7/14	ABG
5/7/14	RFT, Ser. Electrolytes
5/7/14	HB%, Stool occult blood
6/7/14	RFT, Ser. Electrolytes, PT-INR, LFT, HB%
7/7/14	RFT, Ser. Electrolytes, HB%
7/7/14	ABG

[illegible]

