



BILLING CARD

Patient Name MR. SUBRAMANID.O.A. 10/7/24 Time 3:50pmIP No. 1PE 2024 000 177Room No. 102Rent Per Day 1400 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/7/24	1:50pm	EMR.	Ward.	S/m. Kocila.

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

Date	Start	Date	Disconnect
10/7/24	1:50pm	10/7/24	4:00pm

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 :

LABORATORY

[illegible]

10/7/24 CT brain (P). [MMH/MV] DGE 202400760

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER Dressing.

10/7/24 ①
11/7/24 ①

