

**BILLING CARD**Patient Name Mr. Kamaladhasan.D.O.A. 03/08/24 Time 12.15 am.IP No. 2024001009Room No. GIWMRent Per Day 1000 /-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
3/8/24	1 am	Casualty	General ward	S/N elin 2230
3/8/24	5 pm	OTW	OT	Kaitha
3/8/24	8.15 pm	OT	G/W	

OPERATION THEA TRE

Date	: 3/8/24	OT No.	: III rd OT
Surgeon	: Dr. Alex moses	Start Time	: 6-30 pm
I Asst. Surgeon	: -	End Time	: 8-00 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Jamunok SA	C-Arm	: 4.5 Hr
OT Nurse	: P. Soundaranayagi / Valli	Arthroscopy	: -
Name of Surgery	: PFN (LT)	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
P. Soundaranayagi; out of duty		Inj. Fentanyl	: -
		Others	: O ₂ used 1 hour.

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

[illegible]

LABORATORY

04/8/24

CBC (9828)

[illegible]

MMC - DR. Alex MOSES.

[illegible]