



Child: SARVIN YASH

1: Male / MHM202406500

22.08/2024 / IPM2024060731

Patient Name: Dr. DHANASEKHAR K

IP No. _____



Room No. _____

111

BILLING CARD

D.O.A. 22/8/24 Time 5.00 pm

Rent Per Day _____

4000 / -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/8/24	6.10 PM	ER	1st floor	Shanvi 2024.
22/8/24	6.40 PM			

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

22/8/24 CBC, CRP . Blood / c/e (5976)

22/8/24 chest x-ray (5976)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

22/8/24

(4)

23/8/24

(1) + 5

24/8/24

(2) + (3)

(16)

[illegible]