

BILLING CARDPatient Name MRS. Renuka deviD.O.A 24/8/24 Time 2:30pmIP No. 2024000862Room No. 209Rent Per Day 925 1 day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
24/8/24	2:30pm	EMR OP	ward	89/Tha.P
24/8/24	3:00pm	EMR	ward	89

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 THEATRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

[illegible]

24/8/24 x-ray knee < AP ✓
lat ✓
shoulder < AP ✓
lat ✓

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]