



BILLING CARD

Patient Name Baby. Sashvanth.

D.O.A. 24/8/24 Time 2:30pm

IP No. 2023000261

Room No. Ward

Rent Per Day 925/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/8/24	1:45pm	OP	EHR	Sridhar.
24/8/24	3:00pm	EMR	Ward	Thi

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

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

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	Inj. Fentanyl :
	Others :

[illegible]

LABORATORY

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

24/08/24 x-ray chest - AP.

25/8/24 CT Brain

CBG

CBG

24/08/24 (1)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER dressing

24/8

1

25/8

1

26/8

1

