



B/O. THARANI

0/Female/MHV 202404499

Date of Reg: 08/09/2024 11:36 AM

Patient



IP No.

Room No. NICU**BILLING CARD****09 SEP 2024**D.O.A. 08/09/24 Time 11.45 AMRent Per Day 35.00/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
08/09/2024	11.30 AM	ER	NICU	SM John 0808

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 Warmer

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/9/24	11.45 AM	9/9/24	11.45 AM				

INFUSION PUMP**~~OXYGEN~~ monitor**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/9/24	11.45 AM	9/9/24	11.45 AM				

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEA TRE

Date :	OT. No. :
Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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[illegible]

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