

**BILLING CARD**

Patient Name Mrs:- P. Sesha rathnam age 54 00.07.14-9-24 D.O.A. 12-9-24 Time 11:43 PM
 IP No. 463 Asst. fever
 Room No. General ward Rent Per Day 1800

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/9/24	11:59 AM	Emr	Room: 463	Sudha

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 :	Laproscopey :
	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

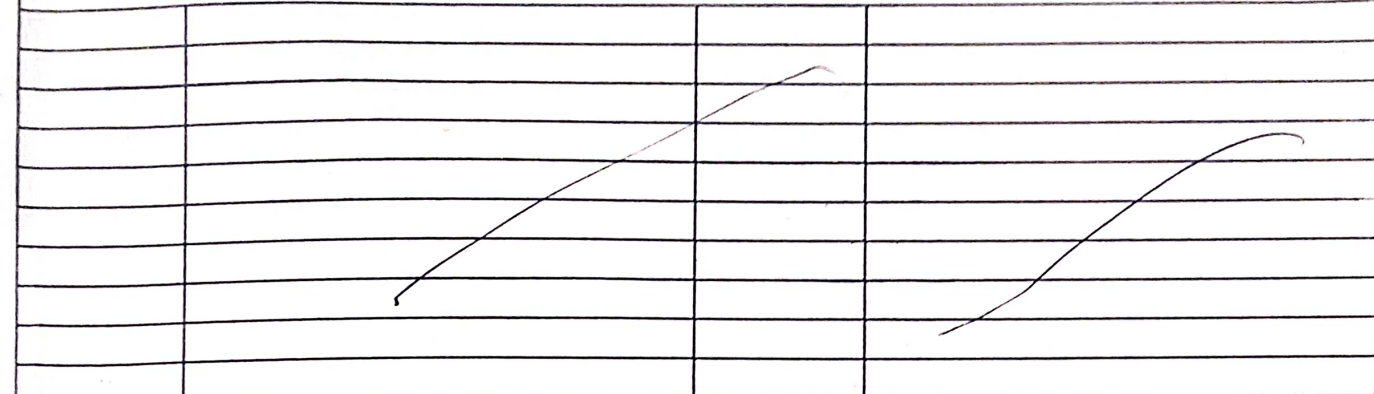
ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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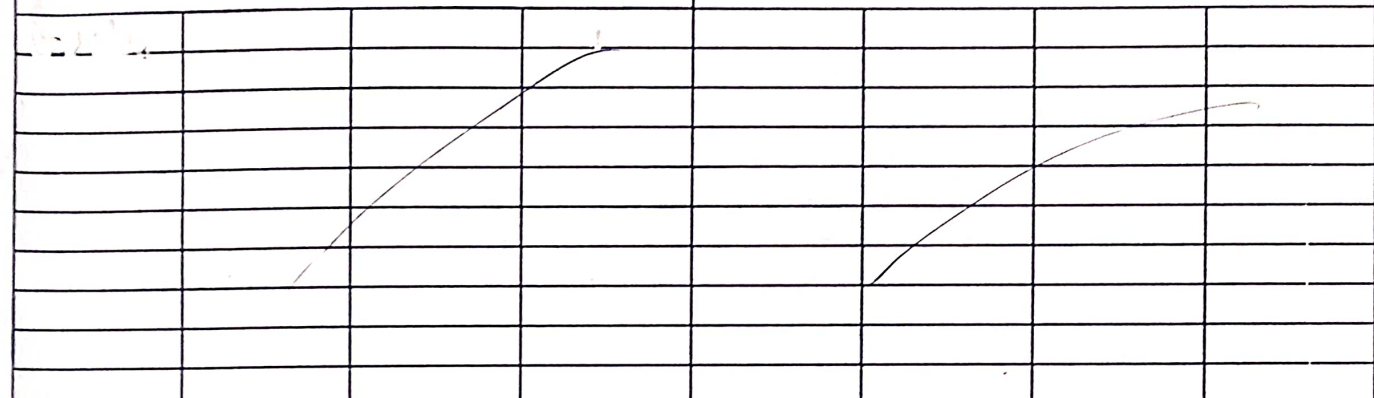
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER



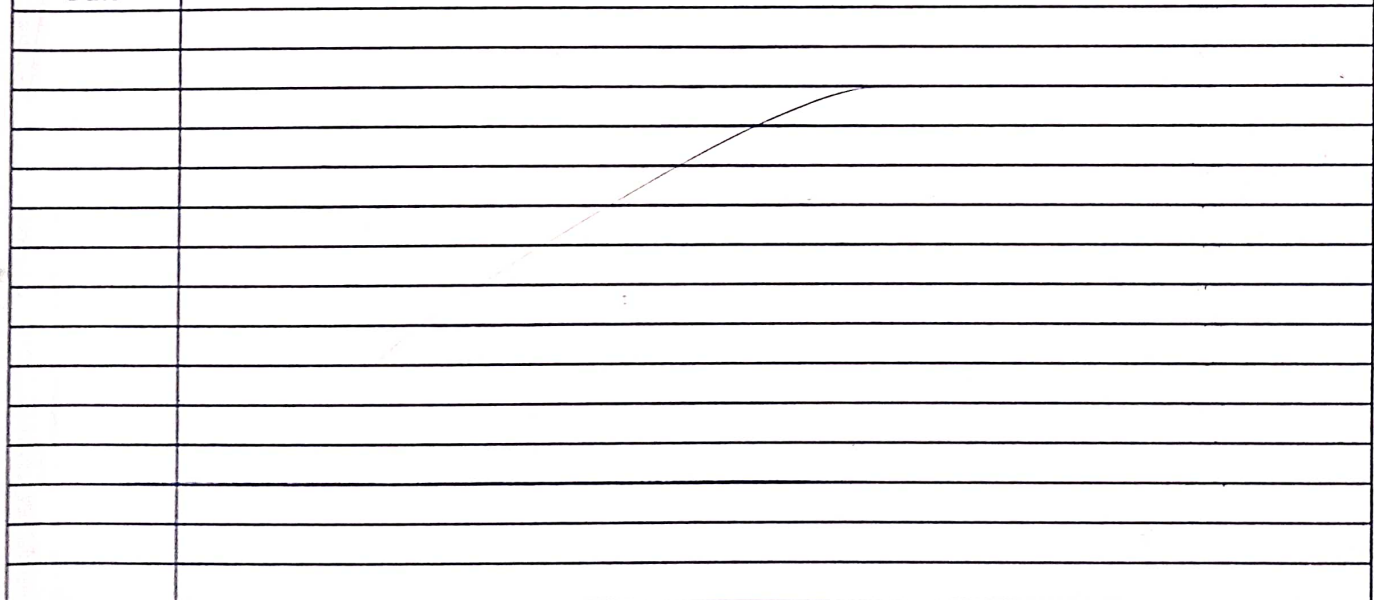
CBG

CBG



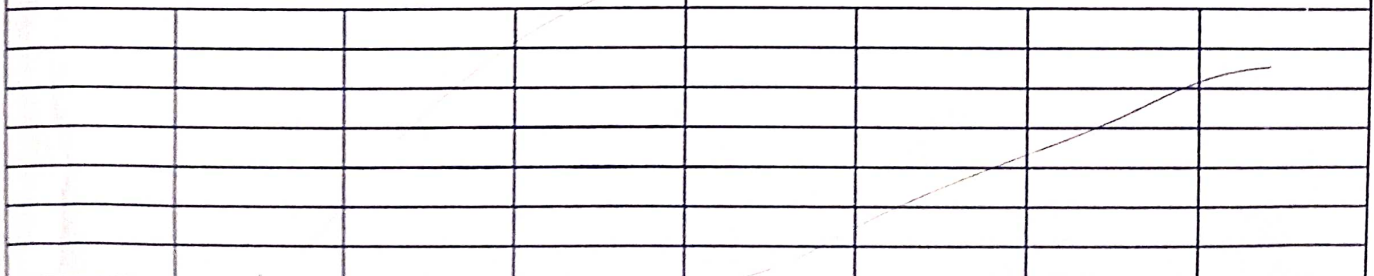
Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER



[illegible]