



BILLING CARD

Call

Patient Name

P/O S. Bhavani : 1 Day

D.O.A.

14/9/24

Time

4:01 PM

IP No.

420

Room No.

N1W

TRANSFER DET AILS

Rent Per Day

[Admission done only our record purpose]

Date	Time	From	To	Sister Signature

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 THEA TRE

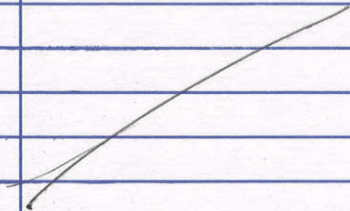
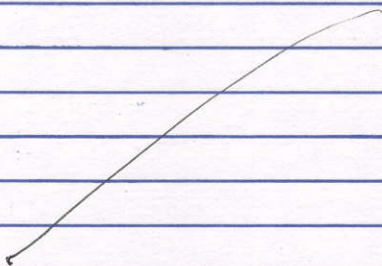
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

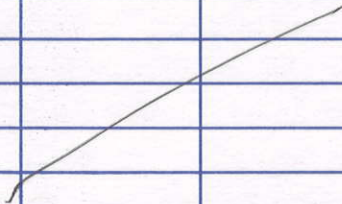
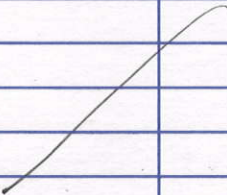
17/9/24 CIRC. BGT, Balmibin

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



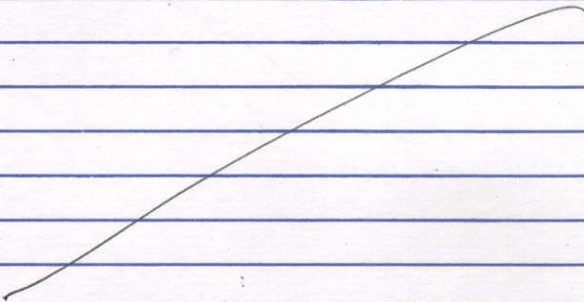
CBG

CBG



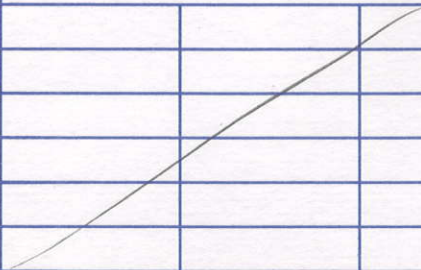
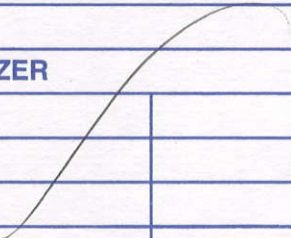
Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER



[illegible]