

16 SEP 2024

MH/PRINT / 0007 / BILL / FO

Mrs.KANAGARANI

74/Female/M11V202404653

16/09/2024/1PV2024600849

Dr.RAJA

**BILLING CARD**

D.O.A. 15/09/24 Time 9.00 AM

Room No. Twin Sharing Non AC- 317Rent Per Day 1,200 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/09/24	9:00 AM	ER	317 Ward	S/N [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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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

16/9/24 RBS, Urea, Creatine, Electrolyte, CBC (5880)

[illegible]

[illegible]