

~~Admission paper only~~



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o .vulavala veeralakshmi

D.O.A. 23-9-24 Time 9:12 PM

IP No. 496

Room No. Admission Done on in our record purpose only.

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

OPERATION THEATRE

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 THEATRE

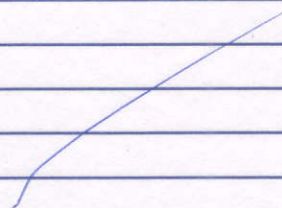
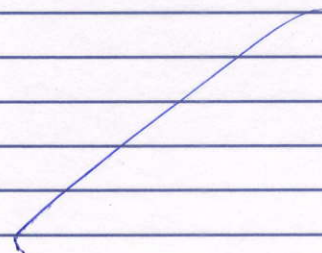
Date :	OT. No. :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

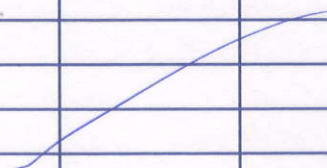
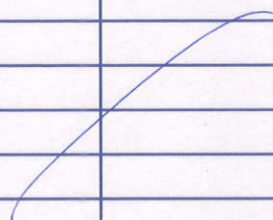
26/9/24 B.G.T. Billedin

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



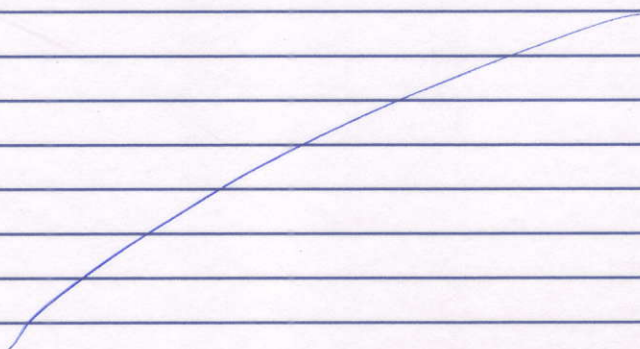
CBG

CBG



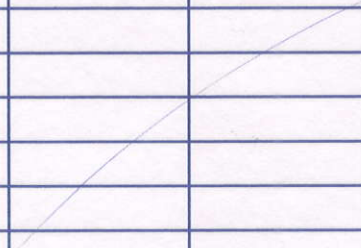
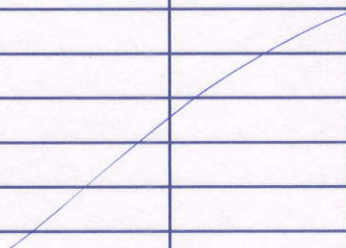
Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER



[illegible]