

**BILLING CARD**Patient Name Baby. S. Moham 8rD.O.A. 20/1/24 Time 11:50 PMIP No. 2021000111Room No. 212Rent Per Day 1000/-**TRANSFER DET AILS**

| Date    | Time | From     | To        | Sister Signature           |
|---------|------|----------|-----------|----------------------------|
| 20/1/24 | 11pm | Cesarean | 2nd floor | <i>[Signature]</i><br>2164 |
|         |      |          |           |                            |
|         |      |          |           |                            |
|         |      |          |           |                            |
|         |      |          |           |                            |

**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

|                     |                            |
|---------------------|----------------------------|
| 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 :                   |

## LABORATORY

|         |                                                  |
|---------|--------------------------------------------------|
| 23/1/24 | CAP Electrolytes (202400998) - 2P Raised 24/1/24 |
| 24/1/24 | Urine routine (lap) - 2P Raised 25/1/24          |
| 26      | Urine                                            |
| 25/1/24 | PLATELET (✓) RFT (✓)                             |
| 26/1/24 | Urine c/s ✓                                      |

[illegible][illegible][illegible][illegible]

PHYSIOTHERAPY

[illegible][illegible]

[illegible]

**AMBULANCE**

OT DRUGS REPLACED : Total : 4225 / -  
BILL CLEARED :  
RETURNS CHECKED : No Due

Other Procedures : (specify) :-

Verified by  
B. Florini  
1054 26/1/24

Sister In-charge