



BILLING CARD

Patient Name Baby. S. Nooral Nabih D.O.A. 8/1/24 Time 15:40pm
 IP No. JPKB-2024000034
 Room No. G/10-m Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/1/24	11:30pm	Casualty	G/ward	Shiruburna

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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