

**BILLING CARD**Patient Name MR. Rameh N.D.O.A. 10/5/24 Time 10:00amIP No. 2024000659Room No. 820Rent Per Day 4100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
10/5/24	11.15am	ER	Iw	P.O 220

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
10/5/24	11.15am	11/5/24	11:15pm	①			

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/5/24	10pm	11/5/24	11:00am	13/5/24			

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
Date :	OT. No. :
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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	LABORATORY
6/5/24	CBC, EFT, UFT, ss. electrolyte, PPS (20240614) ^{pp said}
10/5/24	Blood grouping, Rh type (202406153)
11/5/24	PPS, electrolyte, BT, CT, PT, APTT (6.17.3)

LABORATORY

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

10/5/24 ECG - 1 C/P raised
Chest X-ray C/P raised

10/5/24 CT Brain (6173)

11/5/24 CT Brain (6182)

CBG

CBG

10/5/24 CBG - (1) (1 P raised)
4pm 202406153
9pm 6173
2am 6173

(14)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

