



BILLING CARD

MH/ PRINT / 0007 / BIL

Patient Name Mr. Muhammed Payaan

D.O.A. 9/2/24 Time 10:45

IP No. 2024000219

Room No. 61W1N

Rent Per Day 1000 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/2/24	10 ³⁰ am	Casualty	General ward	S/s Ulin (22)

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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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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[illegible]

1500.

[illegible]