

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MR. LAL BAHADUR KD.O.A. 30/7/24 Time 10:30amIP No. 2024000988Room No. 213/1Rent Per Day 1500**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
30/7/24	10:30am	Casualty	2nd	Jarley

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

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

[illegible]

LABORATORY

30/7/24, CBC, RFI, LFI, sr-electrolyte (CP raised)

[illegible]

