

**BILLING CARD**Patient Name Blo, Jaiwal moofikD.O.A. 24/5/24 Time 1:40 AMIP No 2024000718Room No. NIWRent Per Day 4100/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
24/5/24	1:40 AM	Sent to Hospital (maibda) NIW (Dr. Dhanani - Ref)		S. Priyanka

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
24/5/24	2 AM	25/5/24	3:30 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/5/24	2 AM	24/5/24	6 AM	24/5/24	2 AM	25/5/24	7 AM

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

Q10124	CBC, CAP, CA⁺, blood group & type [6849]
--------	--

241724

Chest x-ray bedside - (C) 6866

CBG

24/11/24

CBU-2 (6866)

CB4-2 (68-12)

25 | 5124

CBU-2	[0899]
-------	--------

PHYSIOTHERAPY

NEBULIZER

pick up Raj Ambulance
may be between midday 20

[illegible]