



# BILLING CARD

Patient Name Baby Rihan Attar

D.O.A. 5/7/24 Time 10:00pm

IP No. 9024000162

Room No. 01-22

Rent Per Day 925 / Day

## TRANSFER DET AILS

| Date          | Time           | From        | To          | Sister Signature |
|---------------|----------------|-------------|-------------|------------------|
| <u>5/7/24</u> | <u>10:00am</u> | <u>Line</u> | <u>Ward</u> | <u>K. Lushup</u> |
|               |                |             |             |                  |
|               |                |             |             |                  |
|               |                |             |             |                  |
|               |                |             |             |                  |
|               |                |             |             |                  |

## 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    |
|------|-------|------|------------|---------------|----------------|-----------------|---------------|
|      |       |      |            | <u>5/7/24</u> | <u>10:00am</u> | <u>6/7/2024</u> | <u>2:00pm</u> |
|      |       |      |            |               |                |                 |               |
|      |       |      |            |               |                |                 |               |
|      |       |      |            |               |                |                 |               |
|      |       |      |            |               |                |                 |               |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

# 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                   | : |

Date

## LABORATORY

5/7/24 CB, CRP, Urine Routine ~~Prostate~~, Electrolytes.

[illegible]

[illegible]