



BILLING CARD

Patient Name Mr. Derrak

D.O.A. 12/7/24 Time 7:30pm

IP No. 9024000185

Room No. Gr.20

Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/7/24	7:30pm	Bed	Ward	Dr. Hisham

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	
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[illegible]

LABORATORY

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

12/7/24 CT-Brain, focused need

12/9/24 X-ray Shoulder - Ap need

12/10/24 X-ray Hip - Ant. view

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

Dressing

NEBULIZER

13/7/24

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14/7/24

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