

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name B/0 - JABURUTH NISHA.MD.O.A. 21/7/24 Time 08:45amIP No. 2024000959Room No. N1WRent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
21/7/24	8:15AM	Venkatesh Nursing home	N1W	S/A Dullewa

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
21/7/24	8:50AM	28/7/24	3:00pm	(8)			

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/7/24	9pm	26/7/24	11 AM.	21/7/24	8:50AM	28/7/24	3pm
				22/7/24	12AM	24/7/24	4 PM
				22/7/24	1 AM	22/7/24	10pm
				26/7/24	12pm.	28/7/24	3pm

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			ventil.	21/7/24	9 AM	25/7/24	9am
			ventil	26/7/24	11am.	28/7/24	3pm

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

21/7/24	Chest x-ray bedside - 1	(9223)
22/7/24	Chest x-ray bedside - ①	(9242)
22/7/24	Chest x-ray Bed side	(9254)
26/7/24	Chest x-ray Bed side	(9393)

4

CBG

	CBG
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21/7/24		23/7/24		CB4 - ①	(9367)
CB4 - 2	(9223)	CB4 - 2	(9274)	26/7/24	
21/7/24		CB4 - ①	(9276)	CB4 - ①	(9367)
(CB4 - 1)	(9236)	24/7/24		(CB4 - 2)	(9393)
22/7/24		CB4 - ①	(9276)	27/7/24	
CB4 - 1	(9236)	CB4 - 2	(9297)	CB4 - ②	(9434)
CB4 - 2	(9248)	CB4 - ①	(9320)	(CB4 - 2)	(9458)
(CB4 - 1)	(9254)	25/7/24		28/7/24	
23/7/24		CB4 - ①	(9320)	CB4 - ②	(9463)
CB4 - 2	(9254)	CB4 - ①	9253	CB4 - 2	(9463)

280

Date _____

Date	15/06/2024	PHYSIOTHERAPY
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NEBULIZER

NEBULIZER

[illegible]

