

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Hamazul Jaman.D.O.A. 24/8/24 Time 12:30pmIP No. 2024001081Room No. 206.Rent Per Day 2000 /—**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
24/8/24	1.00pm	Ep	Ind floor	PJ222.

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

[illegible]

Dr. Mohd. Saggy (own care).

[illegible]