

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. CHANITH HD.O.A 28/8/24 Time 10:40pmIP No. 2024001104Room No. 215Rent Per Day 1500**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
28/8/24	10:40	Casualty	3rd Floor	Janet

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

28/8/24 - X-ray chest

(OPKB202404472) OP paid.

01/09/24

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Def: Dr. Mani NAWAN

[illegible]