

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Child - NAVYCONA . BD.O.A 29/8/24 Time 07:30pmIP No. 2024001110Room No. 071W/FRent Per Day 1000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
29/8/24	9 ³⁰ pm	Casualty	General ward	S/v celin Rawi (2230)

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
29/8/24	8:30pm	30/8/24	8pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

(24)

31/08/24

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY

[illegible]

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

29/8/24 Chest X-ray (op paid)

CBG

30/8/24 CBG (1) (109.70)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

30/8/24 Neb (6)

30/8/24 Neb (2)

31/8/24 Neb (6)

31/8/24 Neb (6)

370

MMML

[illegible]