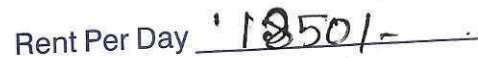


BILLING CARD



TRANSFER DETAILS

[illegible]

OPERATION THEATRE

OPERATION	
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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

[illegible]

INFUSION PUMP

[illegible]

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

t	Date	Start	Date	Disconnect

VENTILATOR

t	Date	Start	Date	Disconnect

[illegible]

OT. No. :

Start Time :

End Time :

Dis. Pack :

Diathermy :

C-Arm :

Arthroscopy :

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others	:
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LABORATORY

RBS, Creatinine, Wt/Oa, ISR, HB
DIFF WBC Count, Total WBC Count $\Rightarrow 2290$

pas cultura $\Rightarrow 2291$

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ERS