

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MR. DARMAN.SD.O.A. 09/10/24 Time 20:30 PMIP No. 2024001301Room No. 071W/M 201Rent Per Day 1000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/10/24	9 ¹⁵ pm	Casualty	2nd Floor	Shw Celin 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**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

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 :

[illegible]

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

9/10/24

USG1 screening (op paid)

(op KB202405397)

CBG

CBG

10/20/24

-1um (2)

(12835)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

Date	LABORATORY
9/10/24	BNP (OP) (OPKB202405397)

mmC

[illegible]