

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Mohamed Jafar ID.O. 21/9/2024 Time 2:00pmIP No. 2024001216Room No. 1710-MRent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
21/9/2024	2:30pm	Casualty	Guard	<u>[Signature]</u>

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

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LABORATORY

21/9/2024 CBC, RBS, RFT, LFT, Dengan profile C11989.

22/9/24 ^(PRW 20240238) Platelet, Blood group (12059) HB, PCV, Platelet (2)
~~PRW 20240238~~ ~~typing~~ ~~HB, PCV, Platelet (2)~~

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