

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Blo. Nassrath HudhaD.O.A. 9/10/24 Time 7.30amIP No. 1PKB2024001298Room No. 205 (Cradle-3)Rent Per Day Cradle-3**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
10/10/24	12pm	2nd floor	2nd floor	Bij
11/10/24	3pm	NICU	2nd floor	Chengal

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
10/10/24	12am	11/10/24	3pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				10/10/24	12am	11/10/24	10am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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