



BILLING CARD

Patient Name Baby. Pratiksha.V

D.O.A. 16/02/24 Time _____

IP No. 2024000971

Room No. PW

Rent Per Day 3000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/2/24	12:15 pm	Casualty	PICU	
18/2/24	10:45 am	PICU	2nd Floor	Kayatej 218

OPERATION THEA TRE

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
16/2/24	12 pm	17/2/24	9 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/2/24	12 pm	17/2/24	9 am	16/2/24	1 pm	17/2/24	9 pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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 :

Date _____

LABORATORY

16/2/24 HbA1c, peripheral smear, CRP, creatinine, blood and urine complete, ~~exam~~ urine culture sensitivity, ~~ASCA~~ urine ketone bodies, RBS C 2400645.

16/2/24 ✓ BOM, (2185) Electrolyte, F₁₃, F₁₄, TSH (1140

17/2/24 RBS, Electrolytes, plasma acetone, vbq (2231)

8/24 RbO₂ electrolyte (402284)

[illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwari	16/2/24	17/2/24	18/2/24	19/2/24			
Morning		9am	9am	9am			
Evening	4pm	6pm	6pm	6pm			
Night		10pm	9.00pm	6pm			

Sister In-charge