



BILLING CARD

Patient Name Baby. Athulya. R

D.O.A. 5/3/24 Time 11:00pm

IP No. 2024000360

Room No. PICU

Rent Per Day 3000 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/3/24	11pm	Dr. Kanagaraj op	PICU	N. V. K. 2149
7/3/24	10 AM	PICU	1 floor (209)	S. Athreya 62/65

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

Date	Start	Date	Disconnect		Date	Start	Date	Disconnect
6/3/24	11pm	7/3/24	10am	→ ① ✓				

INFUSION PUMP

Date	Start	Date	Disconnect		Date	Start	Date	Disconnect
6/3/24	11pm	7/3/24	10am	→ ① ✓				

OXYGEN

Date	Start	Date	Disconnect		Date	Start	Date	Disconnect
6/3/24	6pm	6/3/24	6:30pm	✓				

SYRINGE PUMP

Date	Start	Date	Disconnect		Date	Start	Date	Disconnect
6/3/24	6pm	6/3/24	6:30pm	✓				

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect		Date	Start	Date	Disconnect
			HFNC		6/3/24	12am	6/3/24	4pm ✓

VENTILATOR

Date	Start	Date	Disconnect		Date	Start	Date	Disconnect
			HFNC		6/3/24	12am	6/3/24	4pm ✓

[illegible]

LABORATORY

[illegible]**CBG**

cbg - i	C403173
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PHYSIOTHERAPY

NEBULIZER

5 Am.

713/24

10.

97

7



Dr. Kanagagiri (own cage)

[illegible]