I floor 15

BILLING CARD

B/O.PRIYANKA
0/Female/MHC202411233
20/03/2024/IPC2024000883
Dr.ARAVINDH RAJHA P.S

Patient Name _____ D.O.A. 20/03/24 Time 10:39 pm

IP No. _____ Cardle

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/3/24	10.40pm	Warmer	NICU	
21/3/24	4 PM	NICU	Room - 15	

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

Date	Start	Date	Disconnect
20/3/24	11pm (pm)	20/3/24	11.30pm

INFUSION PUMP

Date	Start	Date	Disconnect
20/3/24	10.50pm	21/3/24	3.00pm

OXYGEN

Date	Start	Date	Disconnect
20/3/24	10.40pm	21/3/24	12.00pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sheetal (ENT)							
hearing test	22/3						
DR. A. Raja	20/3	21/3	22/3	23/3			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	—

Other Procedures : (specify) :-

D.O.D 23/3/24

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
23/3/24	Bilirubin, B/G, IFM – 20240323/4

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

20/3/24	chest AP	(due)	04139

CBG

20/3/24	CBG - (2)	04139	

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER