

Cash

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name B/o. V. VijayaD.O.A. 1/4/24 Time 10:38 AMIP No. 101Room No. NICU

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/4/24	9 AM	direct NICU Admission		<i>[Signature]</i>

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
01/4/24	9 AM	05/4/24					

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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
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A hand-drawn graph on lined paper. The graph consists of a downward-sloping curve that starts at a point on the left and ends at a point on the right. A vertical line segment extends downwards from the right endpoint of the curve. The curve is drawn with a single continuous line, and the vertical segment is also drawn with a single continuous line. The graph is plotted on a set of horizontal lines, with a vertical line on the left side. The curve starts at a point on the left and ends at a point on the right, with a vertical line segment extending downwards from the right endpoint.

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

[illegible]**CBG**A blank sheet of white graph paper with a light blue grid. The grid consists of 10 vertical columns and 8 horizontal rows. A single, thin, dark diagonal line is drawn across the grid, starting from the middle of the second column from the left and extending towards the bottom right corner.**CBG**

Date _____

PHYSIOTHERAPY

NEBULIZER

[illegible]

NEBULIZER

[illegible]

