Cash

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name B/o. V. Vijaya D.O.A. 1/4/24 Time 10:38AM

IP No. 101

Room No. NICU Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/4/24	10.39 Am	direct NICU Admissions		Jyothi

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
01/4/24	10.9 Am	05/4/24	

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

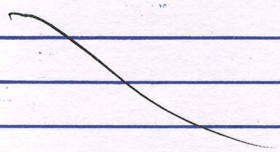
Date	Start	Date	Disconnect

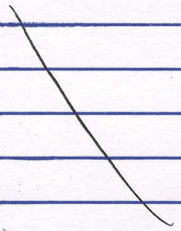
OPERATION THEA TRE

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	:

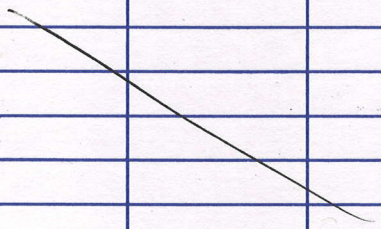
Date	LABORATORY

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

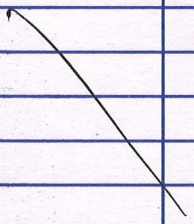




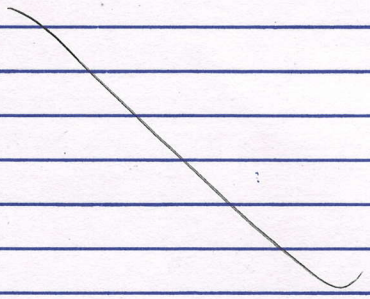
CBG

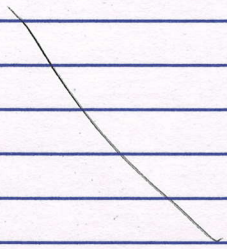


CBG



Date	PHYSIOTHERAPY





NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Ravi Angara	1/4/24	2/4/24	3/4/24	4/4/24	5/4/24	6/4/24	7/4/24
	8/4/24	9/4/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : 2267 NO DUE PHARMACY	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge