



BILLING CARD

Patient Name P/o. Nagulapalli Subhashini D.O.A. 16/04/24 Time 7:23 PM

IP No. 125

Room No. NICU (Pht-therapy) Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/4/24	7 AM	NICU	102 (Non AC)	Ranga

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

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

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III Asst. Surgeon :

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Date

LABORATORY

18/4/24 Billurubin

19/4/24 Billurubin

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

[illegible]**CBG**[illegible]

CBG

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

