

**BILLING CARD**Patient Name B/o S. Dalini; 4 Days / FD.O.A. 18/4/24 Time 3:58 PMIP No. 156DOD 22/4/24Room No. NICU

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/4/24	3:58pm	direct NICU.		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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/4/24	4:00pm	21/4/24	5:00pm				

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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	Others :

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