

**BILLING CARD**

Patient Name B/o pebati Durga Devi D.O.A. 3/5/24 Time 8.54pm
 IP No. 201
 Room No. NICU Rent Per Day 5-5-24 10,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/5/24	8.54pm	NICU Direct Admission		

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
3/5/24	8.54pm	5/5/24	8pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	8.54pm	5/5/24	6am				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 :

[illegible]

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

CBG

CBG

			CBG				
3/5/24	GRBS	3 times					
4/5/24	GRBS	3 times					
Date							

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]