

BILLING CARD


Patient Name Blo. Chethuluri Venkata Lalitha D.O.A. 5-5-24 Time 7:33 AM

IP No. 204

Room No. NICU

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/5/24	7:33 AM	Direct NICU Admission		P. m. R. Kumaari
6/5/24	7:00 PM	Single Room non AC	7-5-24 7 PM	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	Date	Start	Date	Disconnect
5/5/24	7:33 AM	6/5/24	8 PM				
7/5/24	7:00 AM	7/5/24	4 PM				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/5/24	7:33 AM	7/5/24	6 AM				

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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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5	5	24
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СВс, СРр Вых, calcium.

7	5	24
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CBC, CRP Bilirubin T₂T₄T₃SH

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

5/5/24

chest x-ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

