BILLING CARD

Patient Name Mrs. Ram Devi. P D.O.A. 16/5/24 Time 12:00am

IP No. 2024000684

Room No. NICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/5/24	12AM	Sai Gastro Clinic	NICU	Sr Srivathika 269

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
16/5/24	12am	16/5/24	10pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
16/5/24	12am	16/5/24	6am

SYRINGE PUMP

Date	Start	Date	Disconnect
16/5/24	12.30am	16/5/24	10pm

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
16/5/24	CBC, CRP, Calcium, Blood Group & Rh typing (6460)

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

16/5/24	Chest x-ray Bed side	① (6460)	

CBG

16/5/24			
CBG - ②	(6460)		
CBG - ②	(6512)		
abg - ②	(6512)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref Saj Gastro Centre (Kum) Santhosh 2886 Dr Balanus

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR maheswaran	16/5/24						
morning	8am						
Evening	2pm						
Night	9pm						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total – 1320	
BILL CLEARED	:	
RETURNS CHECKED	: nodues	

Other Procedures : (specify) :- Ryles tube insertion done 16/5/24.

Verified by
S/N Sivarathiba 2105.

Admission Officer :

Sister In-charge