

**BILLING CARD**Patient Name B/o, SandhyaD.O.A. 16/5/24 Time 1.30. PmIP No. 2024000687Room No. NTCCURent Per Day 4/00**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
16/5/24	1.30pm	Louth Hsp	NICU	<u>GRB STB</u>

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
16/5/24	1.30pm	18/5/24	4.30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/5/24	1.30pm	17/5/24	6am	16/5/24	1.30pm	18/5/24	3am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

17/5/24 CRP, platelet, SBP, TSH (6559)

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

16/5/24	Chest X-ray	(6515)
	(Chest X-ray)	
18/5/24	Echo, USG Coronary	(Afternoon period)
	(Hospital Ambulance)	

CBG

CBG

16/5/24						
CBG-2	(6527)					
17/5/24						
CBG-2	(6527)					
CBG-1	(6560)					
18/5/24						
CBG-2	(6584)					

(X)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Lowdhu Hospital

[illegible]