

**BILLING CARD**

Patient Name

B/o. Devarapu Leela [1 day, Female] P.O.A. 18/05/24 Time 6:55 PM

IP No.

226

Room No.

28C0

Rent Per Day

10,000/- day.

**TRANSFER DET AILS**

| Date    | Time    | From                  | To | Sister Signature |
|---------|---------|-----------------------|----|------------------|
| 18/5/24 | 7:00 PM | Direct NICU admission |    | 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   | : | Laproscope               | : |
|                   |   | Sevoflurane / Isoflurane | : |
|                   |   | Inj. Fentanyl            | : |
|                   |   | Others                   | : |

**MONITOR****INFUSION PUMP**

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 18/5/24 | 7pm   | 20/5/24 | 12 pm      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date    | Start | Date | Disconnect | Date    | Start | Date | Disconnect |
|---------|-------|------|------------|---------|-------|------|------------|
| 18/5/24 | 7pm   | 7Am  | 19/5/24    | 18/5/24 | 7pm   | 11Am | 19/5/24    |
|         |       |      |            |         |       |      |            |
|         |       |      |            |         |       |      |            |
|         |       |      |            |         |       |      |            |
|         |       |      |            |         |       |      |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | 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

18/5/24

CBC, CRP, Calcium, BGT



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

[illegible]**CBG**

|         |         |
|---------|---------|
| 18/5/24 | 3 times |
| 19/5/24 | 3 times |

[illegible]

## PHYSIOTHERAPY

[illegible]

## NEBULIZER

[illegible]



[illegible]