Cash MH/ PRINT / 0007 / BILL / FO

# BILLING CARD

Patient Name B/o Kalidindi Sravani; 1 Day D.O.A. 22/5/24 Time 12:36pm
DOD - 23/5/24

IP No. 234

Room No. NICU Rent Per Day 10,000

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 22/5/24 | 12:30pm | Direct NICU | Admission | Jyothi |
| | | | | |
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## 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 |
|---|---|---|---|
| 22/5/24 | 12:30pm | 23/5/24 | 5pm |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## OXYGEN

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 22/5/24 | 12:30pm | 22/5/24 | 4pm |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 22/5/24 | 12:30pm | 23/5/24 | 11 Am |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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# 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 |
|---|---|
| 22/5/24 | CBC, CRP, calcium, BGT |

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

## CBG

| | |
|---|---|
| 22/5/24 ✓ ✓ | 23/5/24 ✓ ✓ |

## CBG

## PHYSIOTHERAPY

| Date |
|---|

## NEBULIZER

## NEBULIZER

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr A. Ravi sir | 22/5/24 | 23/5/24 | | | | | |
| | ✓ | ✓ | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : | |
| BILL CLEARED : 2641-MED – NIL 23/5 | |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer

P.M.R. Kumari

Sister In-charge