BILLING CARD

Patient Name B/O. PRIYADHARSHINI.R D.O.A 28/5/24 Time 13:30PM

IP No 20240010738

Room No. NICU Rent Per Day A100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/5/24	1.30PM	SAR GHOTRA clinic	NICU	Revathi 2242

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
28/5/24	1.30PM	~~12.30PM~~ 29/5/24	12.30PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/5/24	1.30PM	28/5/24	5.30pm

SYRINGE PUMP

Date	Start	Date	Disconnect
28/5/24	1.30PM	29/5/24	8am

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
28/5/24	CBC, CRP, CoT, Blood group. (7044)

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

28/5/24	chest x ray Bedside (7033)
29/5/24	ECG - ① (7089)
29/5/24	Echo done Sugam Hospital (Attenderpaid) Hospital ambulance

CBG

28/5/24 (BG) ②	(7033)
29/5/24 CBG - ②	[7075]

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Kunjaram (Kam) Saicastro

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr maheshwaran MD	28/5/24	29/5/24					
morning		NB 9am					
Evening							
Night	10pm						

Verified

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total: 3987 /-	MEDway to Saicastro center.
BILL CLEARED	:	Baby pickup, own AMBULANCE
RETURNS CHECKED	: No dues	

Other Procedures : (specify) :-

RYLE'S TUBE INSERTION DONE ON 28/5/24 at 1.30pm

Admission Officer :

Sister In-charge