



B/O. BHUVANESHWARI

D/Female/MHV202402894

31/05/2024/IPV2024000442

Dr.SASIKALA



Patient Name

IP No.

Room No. NICU/NICU-I

BILLING CARD

06 JUN 2024

D.O.A. 31/05/24 Time 04:50 PM

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/05/24	5pm	ER	NICU	<i>[Signature]</i>
1/06/24	6.30pm	NICU	NURSERY WARD	<i>[Signature]</i>

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

WARMER INFUSION PUMP MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				31/5/24	6pm	1/6/24	6.30pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				31/5/24	6pm	1/6/24	5pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

01/06/24 USG [CRD NIDUM] DR. ARTHY [3183]

CBG

CBG

31/5/24

11/6/24

X-141

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]