

Cash

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name Pyla. Sharmukh: 4y/7

D.O.A. 12/6/24 Time 4:30PM

IP No. 271

DOB: 14/6/24

Room No. P160

Rent Per Day 10,000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/6/24	4:20pm	Direct - PICU Admission		
13/6/24	3:30AM	Room - shifting - 205		<u>cryst.</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

Date	Start	Date	Disconnect
12/6/24	4:20pm	12/6/24	5:30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

14/6/24 CBC, CRP.

[illegible]

