



BILLING CARD

 Patient Name Child- GIRISH-D

 D.O.A. 17/6/24 Time 12:00pm

 IP No. 2024000826

 Room No. PICU

 Rent Per Day 4000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/6/24	12:00pm	Cereveally	PICU	P. Vinodhini

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
17/6/24	1:30pm	18/6/24	11am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
17/6/24	1:30pm	17/6/24	6 pm

SYRINGE PUMP

Date	Start	Date	Disconnect

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

17/6/24 CBC, CRP, BUN, & electrolytes (op panel)

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

17/6/24 X-ray chest (normal)

CBG

CBG

17/6/24
CBG-1 (7936)
18/6/24
CBG-1 (7973)

(2)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

