

**BILLING CARD**Patient Name B/O. Jakkura Prema Vanitha D.O.A. 23-6-24 Time 3:09 AMIP No. 293DOD- 30-6-24Room No. NICURent Per Day 10,000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
23/6/24	3AM	Direct Admission	NICU	Kumar.

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/6/24	3AM	30/6/24	3PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/6/24	3AM	29/6/24	3AM	23/6/24	3AM	28/6/24	3AM

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 :

[illegible]

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

23/6/24 x-ray Chest.

CBG

CBG

23/6/24	1	1	1
24/6/24	1	1	1
25/6/24	1	1	1
26/6/24	1		
27/6/24	1	1	
28/6/24	1	1	



Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

