

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name BLO. SHAMEERA . MD.O.A. 28/6/24 Time 07:45 PMIP No. 2024000867Room No. NICURent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
11/7/24	5pm	NICU	2nd Floor.	Supriya Jeyar.

OPERATION THEATRE

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
28/6/24	7.45 PM	11/7/24	5pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/6/24	7.45 PM	28/6/24	11 pm

SYRINGE PUMP

Date	Start	Date	Disconnect
28/6/24	7.45 PM	30/6/24	7.45 pm.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
			cpnp

VENTILATOR

Date	Start	Date	Disconnect
		29/6/24	12 am
		29/6/24	7 am

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

28/6/24 Chest X-ray
(bed side) (8353) ✓

CBG

CBG

28/6/24	1/7/24		
CBG-① (8353)	CBG-① (8453)	3/7/24	⑬
29/6/24	CBG-1 (8468)	CBG bam ①	
CBG-② (8353)	1/7/24	(8524)	
CBG-1 (8354)	CBG-1 ()		
CBG-1 (8388)			
30/6/24	2/7/24		
CBG-② (8409)	CBG ()		
CBG-1 (8436)	2pm-1 (8502)		
CBG-① (8453)			

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]