



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name BLO. SUIVE DHA.S

D.O.A. 28/6/24 Time 10:45 PM

IP No. 2024000868

Room No. NICU

Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/6/24	11 pm	Casualty	NICU	STED J. 100
29/6/24	10.30pm	NICU	II 71000	M. 1000

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	12pm	29/6/24	10.30pm

INFUSION PUMP

Date	Start	Date	Disconnect
28/6/24	12pm	29/6/24	10.30pm

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

LABORATORY

T5H, 9BP (8357)

~~DTDR~~ (8389)

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

29/10/24 chest xray bedside-1 (8355)

CBG

CBG

29/10/24

CBG-0 (8355)

CBG-1 8384

wasd

30/10/24

6am - 180

6pm (8437)

5

1/7/24

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]