

BILLING CARD

Patient Name B/O.VIJAYALAKSHMI
0/Female/MIIC202468143

D.O.A. 31/7/24 Time 7.15 Pm

IP No. 03/07/2024/IPC2024601823

Room No. Dr.ARAVINDH RAJILA P.S

Rent Per Day NO Rent

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/07/24	7:20pm	Neolife Hospital	NICU medway Jsp Hsp	10 Aug 18h
4/07/24	1 Pm	NICU TO	Room side	8 Aug 19d.

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/7/24	7:20pm	4/7/24	1 Pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

[illegible]