BILLING CARD

Patient Name B/o. S. Sushma D.O.A. 06/07/24 Time 11:29 Am

IP No. 317

Room No. NICU Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/7/24	11AM	Direct NICU Admission		
6/7/24	11Am	(Attendar use)	202 Room	

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
6/7/2	11AM	11/7/24	6AM.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
6/7/24	11AM	7/7/24	11AM.

SYRINGE PUMP

Date	Start	Date	Disconnect
6/7/24	11AM.		

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

Cpap. ~~VENTILATOR~~

Date	Start	Date	Disconnect
6/7/24	11AM	10/7/24	11AM

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
6/7/24	CBC, CRP calcium BSR
8/7/24.	CBC, CRP. Blood Urea. Bilirubin. Electrolyte.
10/7/24	CBC, CRP. Thyroid, Bilirubin.

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

6/7/24	Chest X-ray		

CBG

6/7/24	Morning	Evening	
7/7/24	Morning	Evening	Night
8/7/24	Morning	Evening	Night
9/7/24	Morning	Evening	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. A. Ravi Sr (MD. pediatrician)	6/7/24	7/7/24	8/7/24	9/7/24	10/7/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Med - 5760	
RETURNS CHECKED : 5760 - 11/7/24	

Other Procedures : (specify) :-

6/7/24 :- Umbilical Catheterization

6/7/24 : CPAP procedures.

8/7/24 : Single phototherapy start 1pm.

10/7/24 : Single phototherapy Stop 7pm.

Admission Officer :

Sister In-charge