

# BILLING CARD



Patient Name Jashwanth Maha Deva / 29/1/2024 D.O.A. 6/7/24 Time 8.25pm  
 IP No. 319  
 Room No. PICU Rent Per Day 10,000/-

## TRANSFER DET AILS

| Date   | Time   | From                  | To | Sister Signature |
|--------|--------|-----------------------|----|------------------|
| 6/7/24 | 8.25pm | Direct PICU Admission |    |                  |
| 7/7/24 | 8AM    | AIC Room - 2024       |    |                  |
|        |        |                       |    |                  |
|        |        |                       |    |                  |
|        |        |                       |    |                  |
|        |        |                       |    |                  |

## 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 |
|--------|--------|--------|------------|------|-------|------|------------|
| 6/7/24 | 8.25pm | 8/7/24 | 8PM        |      |       |      |            |
|        |        |        |            |      |       |      |            |
|        |        |        |            |      |       |      |            |
|        |        |        |            |      |       |      |            |

## 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 THEA TRE

|                     |                            |
|---------------------|----------------------------|
| Date :              | OT. No. :                  |
| Surgeon :           | Start Time :               |
| I Asst. Surgeon :   | End Time :                 |
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| Anaesthetist :      | C-Arm :                    |
| OT Nurse :          | Arthroscopy :              |
| Name of Surgery :   | Laproscopy :               |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

## LABORATORY

[illegible]

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

[illegible]

[illegible]