

BILLING CARDPatient Name B/o Rohini PriyaD.O.A. 08/07/24 Time 4.43 PMIP No. 2 PM 2024006

B/O. ROHINI PRIYA

0 Female/MHM202405637

Room No. Nicu

08/07/2024/PM2024006558

Dr. BINU NINAN

Rent Per Day _____

F AILS

Date	Time	To	Sister Signature
8/7/24	5 PM	OT	10/4/23
9/7/24	4:30 PM	NICU	1 Shwanya 3223

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**WARMER INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/7/24	5 PM	9/7/24	4.30 PM	8/7/24	5 PM	9/7/24	4.30 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 THEA TRE

Date :	OT. No. :
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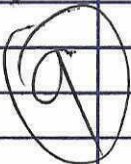
Date

LABORATORY

10/1/24 SR. TOTAL; DIRECT; INDIRECT BILIRUBIN, FRCG14, TBA
BLOOD GROUPING & TYPING (4738)

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

[illegible]**CBG****CBG**

08/7/24	CBG, (4754)					
09/07/24	CBG, (4738)					
10/7/24	CBG, (4720)					
10/7/24	CBG, (4724)					
10/7/24	CBG, (4724)					
10/7/24	CB, C (4739)					
11/7/24	CBG (4753)					
11/7/24	CBG (4753)					
11/7/24	CBG (4752)					

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

