



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Cally

Patient Name B/O S. SuryanarayanaDOB: 12/2/24D.O.A. 12-7-24 Time 8:50 AMIP No. 334Room No. NICU

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
<u>Direct</u>	<u>NICU</u>	<u>15/2/24 : 11:30 AM</u>		<u>Kumar</u>

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

