BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o vijayalakshmi

IP No. Ipm2024000386

Room No. NICU

B/O.VIJAYALAKSHMI
O/Male/MHM202405760
16/07/2024/IPM2024000586
Dr.BINU NINAN

D.O.A. 16/7/24 Time 9pm

nt Per Day 5000/-

Date	Time	From	To	Sister Signature
16/7/24	9.30pm	ER.	NICU.	Rec. 3170

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
Laproscopy :
Sevoflurane / Isoflurane :
Inj. Fentanyl :
Others :

MONITOR

Date	Start	Date	Disconnect
16/7/24	10PM	17/7/24	11 AM

INFUSION PUMP

Date	Start	Date	Disconne

OXYGEN

Date	Start	Date	Disconnect

SLPT SYRINGE PUMP

Date	Start	Date	Disconn
16/07/24	10PM	17/07/24	7AM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Discon

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	:

Date	LABORATORY
16/07/24	SBR → TOTAL, DIRECT } PACKAGE

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	D
DR - BINU	17/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :