Cash

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

DOD :- 6/8/24

Patient Name B/o. N. Prayanna D.O.A. 01/08/24 Time 11.25pm

IP No. 369

Room No. NICU Rent Per Day 10,000/- dr

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/8/24	11:30pm	NICU Admission		P. M. R. ILLIRADI
3/8/24	11pm	NICU to Room non A/c		Jyothi

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
1/8/24	11:30pm	3/8/24	11 Pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
1/8/24	11:30pm	6Am	4/8/24

SYRINGE PUMP

Date	Start	Date	Disconnect
2/8/24	12AM	3/8/24	12Pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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
2/8/24	CBC, CRP, SR. creatinine, BGT
4/8/24	CBC, CRP, Electrolytes Bilirubin, Blood urea
5/8/24	CBC, CRP, Bilirubin

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

CBG

Date			
1/8/24	2/8/24	3/8/24	4/8/24
1 Time	2 Times	1	1

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ravi Angara (MD. neonatologist Paediatrician)	2/8/24	3/8/24	4/8/24	5/8/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : Med-6065 Nagalaxmi 6/8/24 RETURNS CHECKED :	

Other Procedures : (specify) :-

→ 2/8/24 Umbilical line done

→ Single surface phototherapy started 4/8/24 at 10AM
stop 5/8/24 at 10pm

Admission Officer

P. M. A. Kumari
Sister In-charge