

Ref

1st floor - Cradle - Novent



B/O.SIVARANJANI.M

0/Male/MHIC202470856

08/08/2024/IPC2024002157

BILLING CARD

Patient Name Dr. ARAVINDII RAJILA P.S

D.O.A. 8/8/24 Time 10.08AM

IP No.



Room No. I - Cradle

Rent Per Day Novent

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
8/8/24	10.10am	OT	NICU Warmer	8/8/24. K. K. K.
8/8/24	8pm	NICU Warmer	CPT GH	8/8/24

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	:	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/8/24	10.10AM	8/8/24	8pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/8/24	10.10AM	8/8/24	8pm (10)	8/8/24	11AM	8/8/24	8pm

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 :

[illegible]

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

[illegible][illegible][illegible]