Baby.THEO WILLIAMS EMERSON
0/Female/MHM202406348
01/10/2024/IPM2024000905
Dr.BINU NINAN

LING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Nam

IP No. ____

Room No. NICU

D.O.A. 01/10/24 Time 3 pm

Rent Per Day 12500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/10/24	3:15pm	NICU	Recovery Room	

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	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnec

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconne

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconne

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
1/10/24	No investigations done (OOP) Out of package
2/10/24	No investigations done (OOP)
3/10/24	No investigations done (OOP)
4/10/24	No investigation done (OOP)

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

1/10/24	Chest X-ray (Marak package)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

1/10/24	3	1/10/24	2 (ER)
2/10/24	2		
3/10/24	5+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr BINU NAINAN	1/10/24	2/10/24	3/10/24				
Dr. DINESH	1/10/24	2/10/24	3/10/24	4/10/24			
Dr Raashidha	1/10/24	2/10/24	3/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. RS. 614.00 paid	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer:

Sister In-charg