

BILLING CARD INTENSIVE CARE

NICU

Patient Name B/O.CHITRA
0/Male/MIIC202472094

D.O.A. 24/8/24 Time 7.14 AM

IP No. 24/08/2024/IPC2024002295

Room No. Dr.PRADILAP.K (NEONATOLOGY)

Rent Per Day R\$. 10000/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
27/8/24	7.14 AM	Intensive care	Special care	S. Panjani
28/8/24	7.14 AM	Special care	ward	S. Panjani

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 : 2ml 10ml/Inj. Morphine
	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

OPERATION THEATRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
26/8/24	ECHO -10715						
28/8/24	Neuro Sonogram-10755						
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
24-8-24	10615						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS