BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o. Arunapriyadharshini D.O.A. 1/9/24 Time 1.27 pm

IP No. IPKB20240001120

Room No. 204 - Cradle-1 Rent Per Day Cradle-1

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/9/24	2pm	NICU	Final Floor	

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	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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
4/9/24	SPR, TSH (11225)

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

CBG

01/09/24 CBG - ① [109]

2/9/24
CBG - ② (109)
2 pm - (111.29)
6 pm -

3/9/24
CBG - ② (111.74)

CBG

4/9/24
CBG - 118.5

(1)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	1/9/24 @ 10.30 pm W	2/9/24. 4.00 pm W 10.30 pm W	3/9/24 8am. W @ 10.30 pm W	04/09/24 10AM W			

Verified

AP

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	s. Nil	
BILL CLEARED :	Total - 543	
RETURNS CHECKED :	nodue	

Other Procedures : (specify) :-

Resuscitation done by Dr. Maheshwaran

R Thakkiya
4/9/24 4 4Pm.

Admission Officer : B. Nly.

Sister In-charge