



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/O. V. SONLI

DD: -05/9/24

D.O.A. 01/09/24 Time 4:15 PM

IP No. 437

Room No. NICU

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Sister Signature
19/24	Direct NICU Admission			Ranya

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

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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Date	LABORATORY
1/9/24	CBP, CRP, electrolytes, Bilirubin, Thyroid
2/9/24	Bilirubin
3/9/24	Bilirubin
4/9/24	Bilirubin
5/9/24	Bilirubin, CBC, CRP

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

