

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o, BuraneswarD.O.A. 7/9/24 Time 10:00IP No. 2024001146Room No. NICURent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
7/9/24	10pm	Direct Admission	NICU	S/N B. Jayaraj

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	Date	Start	Date	Disconnect
7/9/24	10pm	8/9/24	10 am				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				7/9/24	10pm	8/9/24	10 am

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :

LABORATORY

Date	
7/9/24	CBC, CRP, calcium, TSH, CBR (1328)
8/9/24	Sr. Bii (Total, Direct, Indirect) (1384)

[illegible]

Ref:- Do. manéyannan

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