

2 floor
cash

10

BILLING CARD

Nicu

D.O.A. 18/9/24 Time 10:25 AM

Patient Name B/O.JAYASREE
0/Female/MIIC202474156
18/09/2024/IPC2024602560

IP No. Dr.PRADIAP.K (NEONATOLOGY)

Room No.

Rent Per Day 15,000/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
19/9/24	10:25am	Intensive care	ward	Ranjani

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

[illegible]

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 :

[illegible]

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

10/9/24	chest X-ray - 11721 ✓		
20/9/24	chest x-ray - 11758 ✓		

20/9/24	chest x-ray - 11758		
---------	---------------------	--	--

CBG	ABG	ACT
-----	-----	-----

CBG	ABG	ACT
-----	-----	-----

CBG	ABG	ACT
-----	-----	-----

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

18/9/24	CBG-1	11721					
---------	-------	-------	--	--	--	--	--

18/9/24	CBG-1	11721					
---------	-------	-------	--	--	--	--	--

[illegible]

[illegible][illegible]

Date	PHYSIOTHERAPY

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

[illegible]

NEBULIZER	OTHERS
-----------	--------

NEBULIZER	OTHERS
-----------	--------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------	------	---------	------	---------

