

NICU

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

B/O.AMBIGA DEVENDHIRAN

0/Female/MHC202475530

06/10/2024 IPC2024002771

Dr.PRADHAP K (NEONATOLOGY)



D.O.A. 6/10/24 Time 03:30

Intensive care

Rent Per Day Package

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
6/10/24	8:30am	Intensive Care	7/10/24 2:30am	Barf 192

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

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

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE

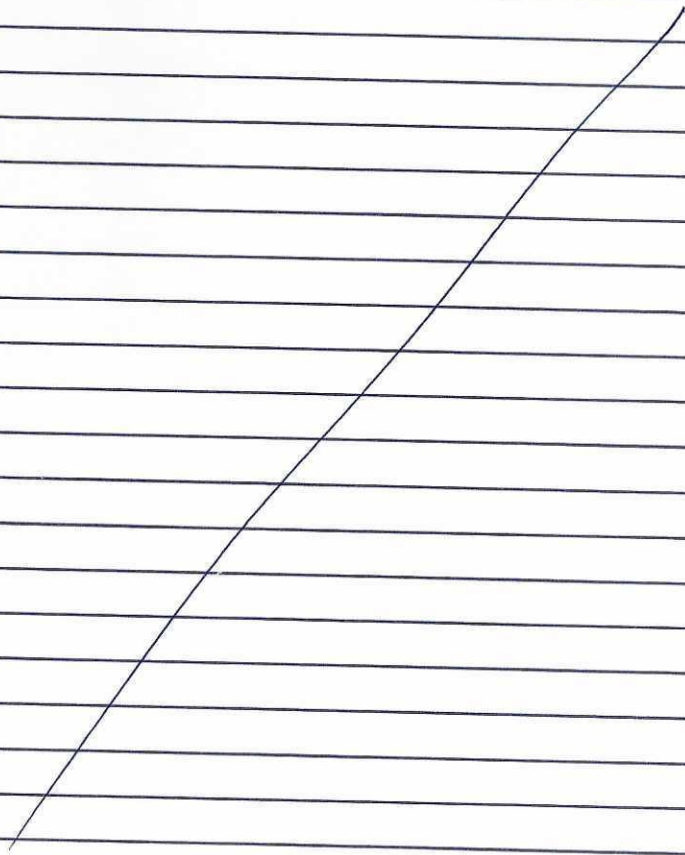
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	Inj. Fentanyl :
	Others :

Date

LABORATORY

6/10/24

CALCIUM - 2412454



[illegible][illegible]

PHYSIOTHERAPY

[illegible]