

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o. K. Satya Shree Twin - 2D.O.A. 06/10/24 Time 06:03 pmIP No. 532Room No. NICURent Per Day 10,000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
06/10/24	05:00 PM	Direct admission	NICU	V. Baby
12/10/24	12:40 PM	NICU	Ward Room	Anitha

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
6/10/24	5pm	12/10/24	6AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
6/10/24	5pm	10/10/24	6AM	6/10/24	5pm	08/10/24	7AM

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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	Others :

[illegible]

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

6/10/24 Chest X-Ray

CBG

CBG

6/10/24 1+1

7/10/24 1+1+1+1

8/10/24 1+1+1

9/10/24 1

10/10/24 1

11/10/24 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

8/10/24

1

09/10/24

1

