

N.T.C.U

**BILLING CARD**

Patient Name

B/O.RADHA

0/Female/MHC202475877

10/10/2024/IPC2024002816

Dr.PRADEEP K (NEONATOLOGY)

IP No.

Room No.

D.O.A. 10/10/24 Time 7.15 pm

Special Case

Rent Per Day

Rs. 5000/-

**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

**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:  |   | Laproscopey                            | : |
|                   |   | 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 :   | Laproscopey :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

|             |                   |
|-------------|-------------------|
| <b>Date</b> | <b>LABORATORY</b> |
|-------------|-------------------|

|             |                   |
|-------------|-------------------|
| <b>Date</b> | <b>LABORATORY</b> |
|-------------|-------------------|

[illegible]

[illegible]