

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. R. Kothik.D.O.A. 11/10/24 Time 9:00 AMIP No. 2024001307Room No. PICURent Per Day 3000/-**TRANSFER DETAILS**

| Date     | Time    | From     | To                    | Sister Signature |
|----------|---------|----------|-----------------------|------------------|
| 11/10/24 | 9:00 am | Casualty | PICU                  | S.N. Baby 2024   |
| 13/10/24 | 2 pm    | PICU     | 2 <sup>nd</sup> Floor | S.N. Baby 2024   |
|          |         |          |                       |                  |
|          |         |          |                       |                  |
|          |         |          |                       |                  |

**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 |
|----------|---------|----------|------------|
| 11/10/24 | 9 am    | 13/10/24 | 2 pm       |
| 13/10/24 | 2:30 pm | 14/10/24 | 6 am       |
|          |         |          |            |
|          |         |          |            |

**INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**OXYGEN**

| Date     | Start | Date     | Disconnect |
|----------|-------|----------|------------|
| 11/10/24 | 9 am  | 11/10/24 | 12 pm      |
|          |       |          |            |
|          |       |          |            |
|          |       |          |            |

**SYRINGE PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**ALPHA BED / SCD PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**VENTILATOR**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

HFNC

12 pm/24 12 pm 13/10/24 6 pm



|                   |  |
|-------------------|--|
| 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

[illegible]



[illegible]



[illegible]