# ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / ~~CREDIT~~ ✓ Cash

| | |
|---|---|
| Reg. No. : | I.P.No. : 95 |

Corporate : .....

| | | | |
|---|---|---|---|
| Name of Patient : B. Janapiramayya | | Age : 41 | Sex : M |
| Consultant : Dr. B. Krishna pradhvi | | Category : | |
| Date of Admission : 26/3/24 | Time : 7:06 PM | Room / Bed No. : Room single room AC | |
| Date of Discharge : 07/3/24 | Time : 8:00 PM | Total Days of Stay : 1 Day | |
| Anaesthetist : Dr. | | Anaesthesia / General / Spinal | |

Diagnosis : General weakness

Surgery :

## ACTIVITY CARD UPDATED ON

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

## DOCTOR'S VISITS

| Doctor's Name / Date | 26/3 | 27/3 |
|---|---|---|
| Dr. Krishna pradhvi | | ✓ |
| | | |
| | | |
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| | | |
| | | |

## MEDICAL EQUIPMENT

### VENTILATOR

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days |
|---|---|---|---|---|
| | | | | |
| | | | | |

### MONITOR

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days |
|---|---|---|---|---|
| | | | | |
| | | | | |

### SYRINGE PUMP

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days |
|---|---|---|---|---|
| 26/3/24 | 11:00 AM | 4:15 AM | 27/3/24 | |
| | | | | |

### INFUSION PUMP

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days |
|---|---|---|---|---|
| | | | | |
| | | | | |

### OXYGEN

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days | Remarks |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

### WATER BED ☐ AIR BED ☐

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days |
|---|---|---|---|---|
| | | | | |

### PULSE OXYMETER

| No.fo. Time | | | | |
|---|---|---|---|---|

## GRBS

| Date | 28/4 | 27/4 | | | | | | | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Morning | | 47 | | | | | | | | | | | | | | | | |
| | | 3 | | | | | | | | | | | | | | | | |
| Evening | | 2 | | | | | | | | | | | | | | | | |
| Night | ✓ 325 | | | | | | | | | | | | | | | | | |