

DOA : 13/9/24 at 5.26pm

DOD : 14/9/24 at 7pm

I floor General ward.

**BILLING CARD**

cash

Patient Name B/O.RENUKAD.O.A. 13.9.24 Time 05:26 PMIP No. 13/09/2024/IPC2024002503Room No. Dr.IIUMAYOONRent Per Day 1500/-**TRANSFER DETAILS**

| Date    | Time | From         | To              | Nurse's Signature |
|---------|------|--------------|-----------------|-------------------|
| 13/9/24 | 7pm  | General Ward | R.no. 7 Non Ac. | Kalai             |
|         |      |              |                 |                   |
|         |      |              |                 |                   |
|         |      |              |                 |                   |
|         |      |              |                 |                   |

**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****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]

| PHARMACY            |       | AMBULANCE |
|---------------------|-------|-----------|
| OT DRUGS REPLACED : | } Nil | Nil       |
| BILL CLEARED :      |       |           |
| RETURNS CHECKED :   |       |           |

### CROSS MATCHING :

### RESERVATION OF BLOOD :

**STERILE TRAY USED :**

## TRANFUSION ( BLOOD )

**ATTENDER'S HOLDING :**

OTHER PROCEDURES: 13/9/24 Double surface phototherapy start at 6pm

14/9/24 Double Surface phototherapy stop at 5pm

Admission Officer •

Sister *8 H* 196

## 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 :                   |

Date

### LABORATORY

4/9/24

SBR (Total, Direct, Indirect Bilirubin),  
 Blood grouping & Typing, Thyroid profile (Free)  
 11479

[illegible][illegible][illegible][illegible]