BILLING CARD

Patient Name Mrs. Saraswathi.

IP No. IPE2024000028.

D.O.A. 16/4/24 Time 1.18pm.

Room No. General ward.

Rent Per Day 730/perday

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
16/4/24.	Sugar(R); Electrolytes; CRP, UC, Creatinine, CBC; LFT; Urea
17/4/24	RBS; HBA1C, Sugar(F); Electrolytes,
18/4/24	Electrolytes
19/4/24.	Electrolytes.
20/4/24	LFT; UC complete
~~20/4/24~~	~~Electrolytes~~

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

23/4/24	ECG

CBG

23/4/24	(1)		
16/4/24	(1)		

CBG

PHYSIOTHERAPY

Date	

~~NEBULIZER~~ Dressing

11/5/24	1+1	18/5/24	1+1
12/5/24	1+1	19/5/24	1+1
13/5/24	1+1	20/5/24	1+1
14/5/24	1+1	21/5/24	1+1
15/5/24	1+1	22/5/24	1+1
16/5/24	1+1	23/5/24	1+1
17/5/24	1+1	24/5/24	1+1

~~NEBULIZER~~ Dressing.

25/5/24	1+1	1/6/24	1+1
26/5/24	1+1	2/6/24	1+1
27/5/24	1+1	3/6/24	1+1
28/5/24	1+1	4/6/24	1+1
29/5/24	1+1	5/6/24	1+1
30/5/24	1+1	6/6/24	1+1
31/5/24	1+1	7/6/24	1+1
		8/6/24	1+1

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A - 16/4/24

D.O.D - 12/7/24.

Admission Officer :

Sister In-charge

BILLING CARD

Patient Name Mrs. Saraswathi D.O.A. 16/4/24 Time 1.18pm

IP No.

Room No. General ward. Rent Per Day 750/perday

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

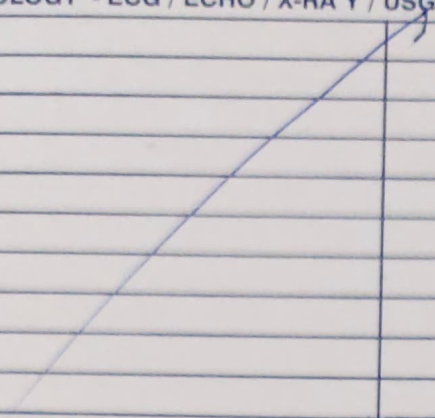
Date	Start	Date	Disconnect

OPERATION THEA TRE

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

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

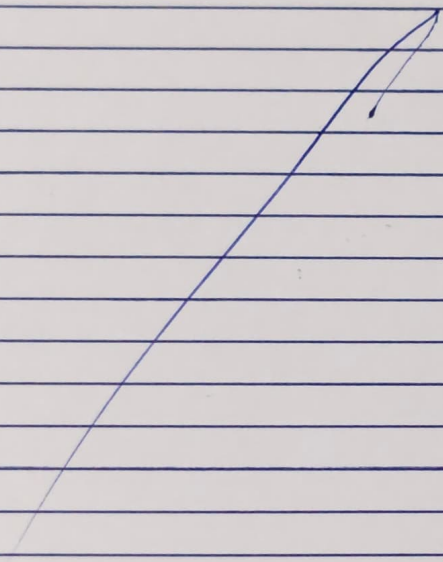


CBG

10/7/24	1		

CBG

PHYSIOTHERAPY



Date			
	NEBULIZER		
9/6/24	1+1	16/6/24	1+1
10/6/24	1+1	17/6/24	1
11/6/24	1+1	18/6/24	1+1
12/6/24	-1+1	19/6/24	1+1
13/6/24	-1+1	20/6/24	1+1
14/6/24	1+1	21/6/24	1+1
15/6/24	1+	22/6/24	1+

	NEBULIZER Dressing.		
23/6/24	1+1	30/6/24	1+1
24/6/24	1+1	1/7/24	1+1
25/6/24	1+1	2/7/24	1+1
26/6/24	1+1	3/7/24	1+1
27/6/24	1+1	4/7/24	1+1
28/6/24	1+1	5/7/24	1+1
29/6/24	1+1	6/7/24	1+1
		7/7/24	1+1
		8/7/24	1+

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 16/4/24

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Patient Name Mrs. Saraswathi D.O.A. 16/4/24 Time 1.18pm.

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Date	LABORATORY

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

CBG

CBG

Date	PHYSIOTHERAPY

Dressing.

~~NEBULIZER~~

9/7/24	(+)
10/7/24	(+)
11/7/24	(+)
12/7/24	(+)

~~NEBULIZER~~

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 16/4/24

D.O.D : 12/7/24.

Admission Officer :

Sister In-charge