

**BILLING CARD**Patient Name Mr. Palipu PrashanthD.O.A. 20-5-24 Time 8:30IP No. 232Room No. single Room A/cRent Per Day 4000/-**TRANSFER DET AILS**

| Date    | Time   | From | To  | Sister Signature |
|---------|--------|------|-----|------------------|
| 20/5/24 | 9:00pm | SMR  | 203 | Chemboory        |
|         |        |      |     |                  |
|         |        |      |     |                  |
|         |        |      |     |                  |
|         |        |      |     |                  |

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

## 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

21/5/24 - sputum for Gram stain, sputum culture & sensitivity.  
sputum for AFB - OGTT.

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

21/5/24

chest x-ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

