

I floor  
Cath

**BILLING CARD** *cardle*

Patient Name B/O.SANGEETHA(TWIN 1)  
0/Male/MHC202469183

D.O.A. 17/7/24 Time 05:54 AM

IP No. 17/07/2024/IPC2024001946

Room No. Dr.HUMAYOON

Rent Per Day NO Rent

**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
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**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 :   | Laproscopey :                          |
|                     | Sevoflurane / Isoflurane :             |
|                     | Inj. Fentanyl : 2ml 10ml/Inj. Morphine |
|                     | Others :                               |

**MONITOR**

**INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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**OXYGEN**

**SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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**ALPHA BED**

**SCD PUMP**

**VENTILATOR**

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

| Date    | LABORATORY                                                                               |
|---------|------------------------------------------------------------------------------------------|
| 17/7/24 | CRP, Calcium $\rightarrow$ 8832                                                          |
| 19/7/24 | Bilirubin (Total, indirect, direct), blood group,<br>IEm, Thyroid profile free - 2408926 |

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

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| CBG     |         |        |         | ABG  |         | ACT  |         |
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| DATE    | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
| 17/7/24 | 1+1+1+1 | - 9028 |         |      |         |      |         |
| 18/7/24 | 1       | - 9030 |         |      |         |      |         |
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| Date | PHYSIOTHERAPY |  |  |  |  |  |  |
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| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|           |         |      |         |        |         |      |         |
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