

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

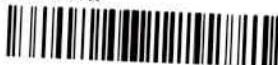
Date:

ANC-00002258 IP18-00036692
Name of the Patient: Mr A. TAMILANBAN

19-10-2004 21 Y 9 M 12 D (M)
UHID No: Dr. NITHYA R

Gender:

Ward:



Room No:

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

[Signature]
Nurse Sign

Pharmacy Sign

Date:

Date: 16/10/20

Date:

Time:

Time: 8:30 AM

Time:

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DISCHARGE TRACKING SHEET

ANC-00002258 IP18-00036692
Mr A. TAMILANBAN
19-10-2004 21 Y 9 M 12 D (M)
Dr. NITHYA R



UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		8:30 PM	me outflow				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

Name: ANC-00002258 IP18-00036692
Mr A. TAMILANBAN
19-10-2004 21 Y 9 M 12 D (M)
Dr. NITHYA R
UHD No:
Date of Admission:
Room / Bed No: Ward:
Consultant: Dept:
Date of Discharge: Time:
Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/7/26	8:50am	ER	420	<i>[Signature]</i>
31/7/26	10am	420	OT	<i>[Signature]</i>
31/7/26	5:00pm	OT	4th FLOOR	<i>[Signature]</i>

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

FIGURE 10-10

[illegible]

PROCEDURE

[illegible]

ANY OTHER INFORMATION:

Procedure : Right Canuloplasty & CA

Surgeon : DR. Nithya R.

Analyst: DR. Mohan / DR. Pugalchavani

Time in = 10:50 am

Timeout: 2-00pm

Date: 1/8/22

Time: 7 AM

Prepared By:

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

[Handwritten signature]