

ACTIVITY RECORD FOR BILLING

Name:

UHID No: Consultant: Dept:

Date of Admission: Date of Discharge: Time:

Room / Bed No: Suggested Billable bed type:

SNC-00007869 IP24-00008948
Ms GRACIA K CHRISTY
01-09-2012 13 Y 10 M 17 D (F)
Dr. INDHUUMATHY THAYAMMAL S


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	2.30pm	FR	CCUad	N. [Signature] 18/7/26

CROSS CONSULTATION VISIT

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

[illegible]

18/7/20

~~22~~ ~~1/2~~ CBC, CRP

9025

his

RP2. Typhoid $\checkmark$ gm. $\checkmark$ ESR $\checkmark$

Blood cells

una R/E, una c/s

RBS (POT)

9026.

hi

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

[illegible]

ANY OTHER INFORMATION:

Date: Time: Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Ramya K 018964 002		

SNC-00007669

IP24-00008948

M^s GRACIA K CHRISTY

01-09-2012 13 Y 10 M 17 D (F)

Dr. INDHUUMATHY THAYAMMAL S



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 4 PM	C/S/B Dr. Indhuumathy Thayammal	
	C/o	
	Abd. pain vomiting x 2 days.	
	CT scan done → e/o cystitis.	
	developed rashes on D, (post INJ. PAN / emeset / cyclopam)	
	no K/c/o Drug allergy.	
	O/E alert / tired / afebrile CFT < 3 sec	
	8/E P/A - soft, gassy, suprapubic tenderness (+)	
	Other sys (-)	
	TC 15650	
	P 85 L 13 Plan	
	CRP 14	TAB. MEFTAL SPAS (1) Stat
	136 / 3.8	- continue Xone
	79 / 32	- counselled parents for admission
		/sn/ 107142

1024-00008948

13 Y 10 M 17 D (F)

01-09-2012

13 Y 10 M 17 D

01-09-2012 13:16:17
Dr. INDHUMATHY THAYAMMAL S



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NURSES NOTES

(USE BALL POINT PEN ONLY)

Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Received noty 18/7
	3pm	patient hand over taken from ER staff patient conscious and oriented → patient vitals stable patient no other complaints → patient Mr. Dndhey mam seen the Baby → Iv Antibiotic Sui xone 1.8gm given to patient consulting Done, Discharge Day care 5pm file send to DP Billing →
		<i>Audh 020413</i>
		<i>Audh 020413</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS