

ACTIVITY RECORD FOR BILLING



Name: SNC-00029910 IP24-00008622
 Dr. DIVYA
 04-04-1989 37 Y (F)
 UHID No: Dr. NIVEDITA S Consultant: Dept:
 Date of Admission Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/12/26	10: pm	RR	OT	<i>[Signature]</i>
		OT	RR	
				<i>[Signature]</i>

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
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9.				
10.				

SURGERY DETAILS

Sl.No.

Date : 24/5/26

Patient Name : Dr Dixya Age : 37y Sex : F

UHID No. : 000 29910 IP No : 8622

Date of Surgery : 24/5/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : Section and excision

Time in : 11 am

Time Out : 11:30 am

NAME

AMOUNT

- | | | |
|----------------------|---------------|-------|
| 1. Surgeon | : Dr Nivedita | |
| 2. Anaesthetist | : Dr. Seetha | |
| 3. Asst. Surgeon | : Dr. Vandana | |
| 4. OT Technician | : Mr. Sunat | |
| 5. Circulating Nurse | : S/N Bhavani | |
| 6. Asst. Nurse | : S/N 1 | |

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon *Nivedita*

Signature of Circulating Nurse *S/N Bhavani*

Order No. : 8423 / 8424 Ordered by : *P/01789*

Patient Sticker

Dr Dinya
38Y/A



CONSUMABLES OF OT

Circulating staff : Dr. Bhuvan Technician : Mr. Surach Date : 29/5/20 Time : 11 am

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Hand	Foot
ET tube			Major Pack Aysto		1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : (A) P / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves 6" 12PF		1	Surgical Gloves		
02 cc		02	7PF, 8" 12PF		1+1	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil			Kermon Cannula		1
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies			(6)		
OXYGEN MASK (A) (A)		01	Ointments					
DW. PESA		01	Suction Catheter					
Fentanyl (ALREADY USED)		01	Cap, Mask					
Morphine			Gauze Pack 40		1			
Ketamine			Mop Pack					
Propofol		03	Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
DW. AMENEF PARA		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Ryle's Tube (LARY)		01	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Dr. N. Mehta

Dr. Senthil

Surgeon

Anaesthesiologist

Order No. : 8423 / 8424

Nurse @ 10/2849

OT Technician

Ordered by : @ 10/2849

Doc. No. : RCH / FRM / GENERAL / 125

DATE OF RECEIPT: 21/11/2011

AMOUNT: 10000/-

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 29/5/26

Time of Admission : _____

PERSONAL DETAILS

Name : DR. Divya. Age 37y Date of Birth _____
 UHID No.: 00029910 IP No.: _____
 Department : OBG Consultant : DR. Nivedita

PRESENTING COMPLAINTS

P.L.A. / P.M.D. / LGS: 6 year / Comp: 26/3/26
 Incomplete abortion
 A: R.P.C. Plan: Section and evacuation.

O/B:
 Certum
 Date
 No pain/A
 G/M/M
 P/A: Soft

MENSTRUAL HISTORY

Year of Marriage :

Previous Periods :

LMP : 26/3/26

Contraception :

OBSTETRIC HISTORY

Parity : P.L.A.

Mode of Delivery P.M.D

Last Child Birth : 6yrs

MEDICAL HISTORY	SURGICAL HISTORY
FAMILY HISTORY	NOTES / ALLERGIES

INITIAL ASSESSMENT :

Date _____ Ht. _____ Wt. _____ BMI _____ B.P. <u>110/70mm</u> Pallor _____ CVS _____ Respiratory System _____ Thyroid _____	Breasts Soft Abdominal Examination Soft	Local / Speculum Examination Bimanual Pelvic Examination
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PROVISIONAL DIAGNOSIS :

R POC

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
Blood $\frac{9}{15}$	Suction and evacuation	- MPO - progesterone - consistent - J. M. Bo. 400mg Plv

Name of the Doctor : _____

Date : _____

Time : _____

Signature of Doctor

