10:00 AM 22/10/24 INSURANCE

Mrs.VARALAKSHMI V
64/Female/MHMG2301254
19/01/2024/IPM2024000043
Dr.ARAVINDH

RD

Patient Name _____ D.O.A. _____ Time _____

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/01/24.	10.10pm	ER	3rd floor.	SIN Thilaga.

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	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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
19/1/24	CBC RFT LFT (0334) RBS (0335)
(Elisa)	Virad Serology (0336)
21/1/24	CA 125, CA 19-9, AFP, CEA (0373)
	HbA1c (0374)
	Urine RE (0375)

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

19/01/24	CXR (0337.)	✓	
	ECG		
	Abdomen Erect. (X-ray Abdomen Erect)	✓	
20/01/24	USCT abdomen done by DR. Ramesh sir (0352)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Aravind.	20/1/24	21/1/24	22/1/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Amt. RS. 10687.00 Credit BILL CLEARED : RETURNS CHECKED : 2243.	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge