

28 JUN 2024

28 JUN 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. AMEER BEE

52/Female/M11V202300030

27/06/2024/1PV2024000528

Dr. K. GAYATHRI MD

.LING CARD

Patient Name

28 JUN 2024

D.O.A. 27/06/24 Time 1:10pm

IP No.

Room No. Single room A/c - 313

Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/6/24	1.45pm	ER	ward (313)	S/N C. C. C. / R. H. 0039

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :

[illegible]

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

28/6/24 ~~ECG~~ (3671)

CBG

CBG

28/6/24

~~17771~~

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]