ILLING CARD

Baby.S.ASMA
0/Female/MHV202300564
02/12/2023/IPV00083
Dr.(MAJOR) SATHISH KUMAR

Patient Name

IP No. _____

D.O.A. 02/12/23 Time 5.45pm

Room No. Single Room Non AC '312' Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/12/23	6.30pm	ER	312 (ward)	

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

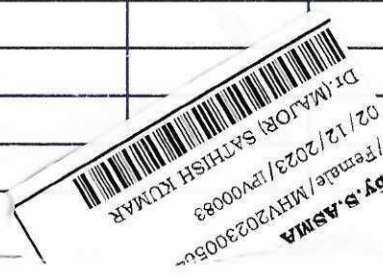
Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILA

Date	Start	ct



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
3/12/23	LFT, RFT, CBC, CRP, Sodium, potassium, calcium, magnesium, (0513), 00521)
4/12/23	CBC, TOTAL Bilirubin, Indirect Bilirubin Direct bilirubin 0533
5/12/23	Sr. Na^+ (0557) Sr. phosphorus Total Bilirubin, Direct bilirubin Indirect bilirubin, VBG, urea, creatinine (0556)

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

CBG			
4/12/23	1+1+1		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sathish Kumar	2/12/23	3/12/23	3/12/23	4/12/23	4/12/23	4/12/23	
Dr. Senthamizhselvan	3/12/23	~~3/12/23~~					
Dr. Premkumar	5/12/23						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

02/12/23.

S. Saraswathi

Sister In-charge