LLING CARD

Mrs.VASANTHI
60/Female/MHV202300608
06/12/2023/IPV00089
Dr.RAJA

Patient Name _____ D.O.A. 06/12/23 Time 10.30 PM

IP No. _____

Room No. 306 Single Room NON AIC Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
06/12/23	10.30 pm	ER	ward.	K. Poornashali/nurses

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
7/12/23	1AM	7/12/23	2.00 AM

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
1/12/23	CBC (0603) Urine R/E (0610)
2/12/23	FBS, PPBS, HbA1C (0618)

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

CBG

4/12/23	1+1		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

6/12/23	1+1		
7/12/23	1+1+1		
7/12/23	+1		
8/12/23	1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

Admission Officer : 06/12/23

Sister In-charge