Mrs.MAGESHWARI
41/Female/MHV202300691
16/12/2023/IPV00106
Dr.K.GAYATHRI MD

18 DEC 2023

ILLING CARD

Patient Name _____ D.O.A. 16/12/23 Time 07.45 AM

IP No. _____

Room No. Triple Sharing 302-A NON LAC Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/12/2023	8-00PM	ER	ward 302	

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
16/12/23	CBC, DENGUE IGM (RAPID), DENGUE NS1, CBOM-(R), URINE ANALYSIS (0702)
	TC, Hb, ESR, BTd grouping typing. 0740
	0737 0741 0739

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

16/12/23	USG Abdomen Scan (0709)		

CBG

16/12/23	1		
17/12/23	1+1+1+1 +1		
18/12/23	1+1+1		

CBG

PHYSIOTHERAPY

Date	
18/12/23	Morning PHYTO

NEBULIZER

16/12/23	1+1+1+1+1 +1+1+1+1+1+ 1+1	+1+1	
17/12/23	1+1+1+1+1+1 +1+1+1+1+1 1+1+1		
18/12/23	1+1+1+1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathiri M.D	16/12/23	17/12/23 9.30AM	1000/-				
Dr. S.P. Venkatesh. MS	17/12/23	750/-					
Dr. Pandiyan (Ahmw)	18/12/23	750/-					

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

Other Procedures : (specify) :-

Admission Officer : S. Mahalekshmi 16/12/23

Sister In-charge