R.T 8:07pm 16/12/23

Mr.SREEMAN NARAYANA. P
55/Male/MHM202302867
16/12/2023/IPM2023001032
Dr.PRASANNA

MH/ PRINT / 0007 / BILL / FO

BI

Patient Name Sreeman Narayana D.O.A. 16/12/23 Time 1:15pm

IP No. Ipm2023001032

INSURANCE

Room No. _____ Rent Per Day 4000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/12/23	3pm	ER	NICU	RMohanap 2240

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~~, ~~CRP~~ ~~PCT~~ ~~Dengue NS1 IgM~~ ~~MPABC~~ ~~HbA1C~~ ~~RPT~~ ~~LPT~~ (4320)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
16/12/23	CXR (4321)		
6/12/23	ECG (4304)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge