30 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mrs.CHANDRA
67/Female/MHV202300794
29/05/2024/IPV2024000435
Dr.K.GAYATHRI MD

ILLING CARD

30 MAY 2024

Patient Name

D.O.A. 29/5/24 Time 12.30 pm

IP No. _____

Room No. Single Room Non AC - 315 Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/05/24	12.30pm	ER	Ward 315	[signature]

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
29/5/24	12.30pm	30/05/24	5.00PM

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
29/5/24	ESR (3|13)
30/5/24	SPUTUM AFB, C|S [3|38]

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
29/5/24	1+1						
30/5/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gopalakrishnan (ND)	29/5/24	30/5/24					

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

Other Procedures : (specify) :-

Admission Officer : 29/5/24

Sister In-charge