



Mr. SADHALINGAM

65/Male/MHV202300801

22/12/2023/IPV00120

Dr. KAMAL



Patient Name

ILLING CARD

23 DEC 2023

D.O.A 22/12/23 Time 08:15pm

IP No.

Room No. 301-A Triple Sharing Non AC

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/12/23	8.30PM	ER	WARD 301 "A"	S. J. J. J. J.

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/12/23	8.30 pm	23/12/23	2.45AM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/12/23	8.30pm	23/12/23	9.45am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				CBG			
Date	PHYSIOTHERAPY						
NEBULIZER				NEBULIZER			
22/12/23	1+1						
23/12/23	1+1+1						

[illegible]