Ref (Dr. Manivannan)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	10/1/24	11/1/24	12/1/24	13/1/24	14/1/24		
DR. maheshwaran	6pm			9am	11AM		
		10am	8~~pm~~	2pm			
		6pm	6pm	9pm			
			10pm				
Dr. Deepak	14/1/24 10PM	15/1/24 6.30am	16/1/24 10.30 am				
		6pm					

Verified by Sister Incharge @ 11.20 AM

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total 4436	
BILL CLEARED : NO: Dell	
RETURNS CHECKED : P.K ala	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mas. Nishore D.O.A. 10/1/24 Time 12:00 Pm

IP No. 2024000046

Room No. 204 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/1/24	11 PM.	Casualty	Ward 204	Sis. Subala.

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

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

10.1.24	12 pm (1)	6 pm (1)
12 pm (1)	6 pm (1)	12 mid night (1)
6 pm (1)	12 am (1)	6 am (1)
12 am (1)	6 am (1)	12 pm (1)
6 am (1)		

NEBULIZER

14.1.24	15.1.24	
6 am (1)	ANCb (3)	
12 pm (1)	6 pm (1)	
6 pm (1)	12 AM (1)	
12 AM (1)		