15 JAN 2024

MH/ PRINT / 0007 / BILL / FO

Mr.A.SARANGAPANI
65/Male/MHV202401042
13/01/2024/IPV2024000023
Dr.RAJA

ILLING CARD

Patient Name _____ D.O.A. 13/01/24 Time 12:30PM

IP No. _____

Room No. Triple Sharing Non-Ac 301-A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/1/24	12.45PM	ER	WARD	S.Vembadu

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
14/1/24	Urine routine (02HP) , FBS, PPBS (2hr) (0239)
15/1/24	HBA1c (0254)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
13/1/24	USG Abdomen (Dr. Dhilipan)		
14/1/24	ECG (0234) (0278)		

CBG				CBG			
15/1/2024							

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
13/1/24	1+1+1						
14/1/24	1+1+1+1+1+1+1						
15/1/24	1+1+1+1						

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