



Mrs. SATHYA

62/Female/MHV202401148

21/01/2024/IPV2024000041

Patient Name Dr. RAJA

IP No.



Room No. 100 - I2

ILLING CARD

23 JAN 2024

D.O.A. 21/1/24 Time 11.30 PM

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/01/2024	11.30 PM	ER	TCU	Sh. 0008

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
22/1/24	12. AM	23/1/24	10 am.				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/1/24	12. AM	23/1/24	6.00 AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER	
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[illegible]

CBG

CBG[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]