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	:

LABORATORY

Date	
25/1/24	Creatinine, Bleeding Time, BSS, CBC, UREA, CLOTTING TIME, ELECTROLYTES. (2400335)
26/1/24	BSS, Electrolytes (2024010081

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

25/1/24	CT brain (OP paid) (OPXR2024000331)
26/1/24	CT Brain, Chest X-ray (2024010109

CBG

25/1/24	9pm	(2024010081)					
26/1/24	8pm	(2024011109)					
27/1/24	6am	(2400129)					
	6pm	(2400182)					
28/1/24	6am	(2024012)					

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Rajarajan phone orders (casualty)	25/1/24 7.30pm	→					
Dr. Balaprasad	25/1/24 IW	26/1/24 IW					
Dr Mahesh varan morning	25/1/24 IW	26/1/24 8.00am IW	27/1/24 8.30am IW	28/1/24 12pm W	29/1/24 11.9am W		
Evening		5pm IW		6pm W	6.30pm		
Dr Raja rajan	26/1/24 IW	→					
Dr Jamuna	26/1/24 IW	27/1/24 IW	29/1/24 ward.				
Dr. Muthu Kumar		27/1/24 ward.					

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 9073 /-	
BILL CLEARED :	
RETURNS CHECKED : NO due	

Other Procedures : (specify) :-

B/Amudha
29/1/24 5.30 pm

Admission Officer : Sister In-charge

MH/PRINT/0007/BILL/FO

BILLING CARD

Patient Name Mar. Simon. Antosh. I D.O.A. 25/01/24 Time 20'30

IP No. 20240001136

Room No. IW Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/01/24	7.50pm	Casualty	IW	S/N Durga
27/1/24	8pm	IW	CIW	S/N Durgadevi

OPERATION THEA TRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
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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
25/1/24	8.10pm	27/1/24	3pm

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