Mr.SARAVANAN
45/Male/MHV202401315
05/02/2024/IPV2024000071

LLING CARD

Patient Name Dr.JOTHI

07 FEB 2024

D.O.A. 05/02/24 Time 12.30 PM

IP No.

Room No. Triple Sharing Non AC-304-A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/02/24	12:15	ER	Ward 304	S/N 0128

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
5/2/24	ESR, urea, creatinine, urine (R), urine Acetone (0710)
7/2/24	HbA1c (0755) Blood grouping & Typing (0760)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
6/2/24	USG Abdomen (Dr. Dhilipan) (OT 16)		

CBG				CBG			
5/2/24	1+1+1						
6/2/24	1+1+1+1 +1+1						
7/2/24	1+1						

Date	PHYSIOTHERAPY
5/2/24	Physiotherapy (Evening)
6/2/24	Physiotherapy (Morning)
7/2/24	Physiotherapy (Morning)

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GAYATHRI M.D	6/2/24 @ 10 am	7/2/24 at 10 Am					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : S. Mat 5/2/24

Sister In-charge