12 FEB 2024

MH/ PRINT / 0007 / BILL / FO

ILLING CARD

B/O. NEELAMBAL
0/Female/MHV202401340
07/02/2024/IPV2024000080
Dr.(MAJOR) SATHISH KUMAR

Patient Name _____ D.O.A. 07/02/24 Time 6.00pm

IP No. _____

Room No. Nursery Bed. - Cradel Bed-1 Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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
10/02/24	CBC, Blood Group and RH type, Bilirubin - Total, Bilirubin - Direct Bilirubin - Indirect, TSH 3RD Generation (HS TSH), T3 (Free), T4 (Free). (. 0806)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
10/2/2024	Echo (0838)		

CBG				CBG			
7/02/24	1+1+1+1						
8/2/24	1+1+1+1+						
	1+1+1+1						
	+1+1+1						
9/2/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date pm	Date am	Date	Date pm
Dr. Major Sathish Kumar	7/2/24	8/2/24.	8/2/24 at 5.30 pm	8/2/24 9.30	9/2/24 5.45	10/2/24 9.35 PM	11/2/24 9.30
Dr. Sundara pandian (Paed)	19/2/24 8 am at						
Dr. major sathish kumar	12/2/24 5.15 PM						

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

Other Procedures : (specify) :-

Admission Officer : Usak 07/02/24

Sister In-charge