16 FEB 2024

MH/ PRINT / 0007 / BILL / FO

ILLING CARD

Mr.RANGANATHAN.M
95/Male/MHV202401418
15/02/2024/IPV2024000109
Dr.K.GAYATHRI MD

Patient Name _____ D.O.A. 15/2/24 Time 10.45AM

IP No. _____

Room No. Single Room No-AC-303 Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/02/24	10.40Am	ER	WARD	R.Nithya/0009

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
15/2/24	CBC, ESR, RBS, Urea, Creat, Sr. Elect (0947), sr. calcium, sr. phosphorous, LFT, urine Routine (0941)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
15/2/24	x-ray KDH (0940)		
15/2/24	CT - 0938		

CBG			

CBG			

Date	PHYSIOTHERAPY
15/2/24	physio (Evening)
16/2/24	Physio Morning

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathiri (OT.D)	15/2/24 at 12	16/2/24 10 AM					
Dr. Kathiravan (ORTHO)	15/2/24 2.45pm						

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

Other Procedures : (specify) :-

Admission Officer : S. Nadi 15/2/24

Sister In-charge