ILLING CARD

Master.MAYANK
3/Male/MHM202403766
20/02/2024/IPM2024000138
Dr.AIYSHA BEEVI

Patient Name _____ D.O.A 20/02/24 Time 12.00 pm

IP No. _____

Room No. 309 Rent Per Day 1,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/2/24	1.8pm	ER	3rd floor	Sr. Sandhya

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
20/2/24	1.30pm	22.02.24	8.00am

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
20/2/24	CBC, CRP, RFT, LFT (1162)
20/2/24	Urine Routine (1163)
20/2/24	Urine culture (1166)
21/2/24	Covid Influenza panel (1176) ✓

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

21/2/24	USG abdomen (11/9)

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

20/2/24	②
21/2/24	2
22/2/24	2

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ayesha Seevi	20/2/24	21/2/24	22/2/24				

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

Other Procedures : (specify) :-

Asha/3/24