

24 MAR 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. SANTHA J

55/Female/MHV202401551

23/02/2024/IPV2024000136

Dr. RAJA



ILLING CARD

Patient Name

D.O.A. 23/02/24 Time 9:45pm

IP No.

Room No. ICU - 2

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/02/2024	9.45pm	ER	ICU	
29/2/2024	9.30am	ICU	SINGLE ROOM 303 N/A	
29/2/2024	9.45am	WARD	SINGLE ROOM 313 N/A	

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/2/24	9.50pm	27/2/24	10 ^{am}				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/2/24	9.50pm	24/2/24	5pm				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

CBG				CBG			
24/2/24	1+1+1						
25/2/24	1+1+1						
26/2/24	1+1+1+1						
27/2/24	1+1+1						
28/2/24	1+1+1						
29/2/24	1						
3/3/24	1+1						
4/3/24	1+1+1						

[illegible][illegible]

[illegible]