

 Mrs. VIJAYA 53 / Female / MHV202401632 22/03/2024 / IPV2024000204 Patient Name <u>Dr. K. GAYATHRI MD</u> IP No.  Room No. <u>Single Room 10A Ac - 315</u>	ILLING CARD <u>23 MAR 2024</u> D.O.A. <u>22/3/24</u> Time <u>12:00 PM</u> Rent Per Day <u>1400/-</u> TRANSFER DET AILS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>From</th> <th>To</th> <th>Sister Signature</th> </tr> </thead> <tbody> <tr> <td>22/3/24</td> <td>12 PM</td> <td>DIRECT</td> <td>WARD 315</td> <td>S. S. 055</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Time	From	To	Sister Signature	22/3/24	12 PM	DIRECT	WARD 315	S. S. 055																									
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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

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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	Others :

[illegible]

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

22/3/24 Chest PA View (124)
 Abdomen Erect (124)
 23/3/24 USG Abdomen (1737)
 (Dr. Arthi)

CBG

CBG

22/3/24 1+1
 23/3/24 1+1+1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]