08 MAR 2024

MH/ PRINT / 0007 / BILL / FO

Master.PREM NANDHAN
4/Male/MHV202401738
05/03/2024/IPV2024000164
Dr.(MAJOR) SATHISH KUMAR

ING CARD

08 MAR 2024

Patient Name ____ D.O.A. 5/3/24 Time 1.35pm

IP No. _____

Room No. Triple Sharing Non AC 302-C Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
05/3/24	4.35 pm	ER	Ward	Saranya 013r

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
6/3/24	LFT, CBC, CRP, widal, TSH, T4 Free, Blood group and RH type (14447)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
5/3/24	1+1						
6/3/24	1+1+1+1						
7/3/24	1+1+1+1						
8/3/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. sathish kumar (ped)	at 6pm 5/3/24	am @12.10 6/3/24	am at 10 6/3/24	at 3pm 6/3/24	pm @10.45 6/3/24	8.45PM 6/3/24	11.45am 7/3/24
Dr. Palaniraj	9.30pm 5/3/24	at 7pm 7/3/24					
Dr. sathish kumar (ped)	5Pm 7/3/24	10PM 7/3/24	@9.30am 8/3/24				

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Other Procedures : (specify) :-

S. Anitha 5/3/24

Admission Officer :

Sreeswathi

Sister In-charge