



Mr. BHARATHI RAJA

35 Male/MHV202401760

25/07/2024/1PV2024000636

Dr. K. GAYATHRI MD



Patient Name

IP No.

ILLING CARD

27 JUL 2024

D.O.A.

25/07/24 Time 1.30 PM

Room No. Twin sharing HON AC - 318

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/7/24	1.40 PM	OPD	WARD - 318 (A)	S/N (Ganitha) 0039

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	:	Laprosocopy	:
		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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

25/7/24

ECG (4352)

CBG

CBG

26/7/24

1

29/7/24

1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]