16 MAR 2024

MH/ PRINT / 0007 / BILL / FO

Mr.MOHAMMED HUSAIN.S
78/Male/MHV202401778
15/03/2024/IPV2024000188

ILLING CARD

16 MAR 2024

Patient Name Dr.RAJA

D.O.A. 15/03/24 Time 4.00PM

IP No.

Room No. Single Room AC-316

Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/3/24	4.20PM	DIRECT	WARD 316 AC	SISTER

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

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

CBG

15/3/24	141		
16/3/24	1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

Admission Officer : S. Mahd 15/3/24

Sister In-charge