

CONSULTANT NAME	Date	Date	Date	Date	Date
Dr. Praveen	17/3/24	18/3/24	19/3/24	20/3/24	
DR. Vinod Kumar	17/3/24	18/3/24			
DR. Ravichandran	17/3/24	20/3/24			
DR. Jeyaraj	18/3/24	19/3/24			
DR. Rajanikan (Jr)					

✓ Went back

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	V. Jeyaraj	
BILL CLEARED :	No due.	
RETURNS CHECKED :	Tot: 10/44/-	

Other Procedures : (specify) :-

18/3/24
* EEG done.

Admission Officer :

Dat 22/3/24
 B. Amela
 Sister In-charge

Date Printed: _____

BILLING CARD

Patient Name M. Santhoshkumar

D.O.A. / Date 17/12/24 Time 12:15 PM

IP No. 202U000418

Room No. PCW

Rent Per Day 1100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/3/24	2:00pm	ER	Icu General ward	[Signature]
19/3/24	1:30pm	ICU		Ney Sam

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	Date	Start	Date	Disconnect
19/3/24	8pm	19/3/24	1:30pm				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

[illegible][illegible]