Mr.SIVA GNANAM.B
94/Male/MHV202401900
01/04/2024/IPV2024000239

ILLING CARD

02 APR 2024

Patient Name Dr.RAJA

IP No.

D.O.A. 01/04/2024 Time 10.45 pm

Room No. Single Room Non Ac-316 Rent Per Day 1A00/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/4/24	10:50 pm	ER.	Ward 316	SIN 0128
2/4/24	12AM	WARD 316	ICU	S/N.S.S 0055

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
2/4/24	12.20 Am	2/4/24	Apm

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

2/4/24	1+1+1+1+1+1		
	1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

2/4/24	1+1+1		

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. Malik 01/9/24

Sister In-charge