

31 MAR 2024

MH/ PRINT / 0007 / BILL / FO



Mr. SRINIVASAN

79 / Male / MHV202402044

29/03/2024 / IPV2024000229

Dr. K. GAYATHRI MD



LLING CARD

31 MAR 2024

Patient Name

D.O.A. 29/03/24 Time 2:15pm

IP No.

Room No. Triple sharing Non A/c - 304

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister/Signature
29/03/24	2:00pm	ER	ward.	SLC 28/03/24

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

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

[illegible]

30/3/24

Urea, Creatinine, Electrolytes, PBS, CBC (1861)
FBS, PPBS (1868), Urine Routine, Sr. Albumin (1873)

[illegible]

