

07 APR 2024

MH/PRINT/0007/BILL/FO

Mr. SENTHIL KUMAR

54/Male/MHV202402069

31/03/2024/1PV2024000234

Dr. K. GAYATHRI MD

LING CARD

07 APR 2024



Patient Name

D.O.A. 31/3/24 Time 12.05 AM

IP No.

Room No. 313 - single Room non A/C

Rent Per Day 1400/-

TRANSFER DET AILS

| Date    | Time    | From   | To         | Sister Signature |
|---------|---------|--------|------------|------------------|
| 31/3/24 | 12.05am | DIRECT | WARD (313) | S. Vembayya      |
| 3/4/24  | 2.30PM  | WARD   | 313 (A/C)  | S. Vembayya      |
|         |         |        |            |                  |
|         |         |        |            |                  |
|         |         |        |            |                  |
|         |         |        |            |                  |

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   | : | Laproscopey              | : |
|                   |   | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

ALPHA BED / SCD PUMP

VENTILATOR

| Date | Start | Date | Disconnect | 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 :                   |

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