

BOR: 31/3/24 at 2:30pm

DOD: 4/4/24 at 2pm

S.C.U. hd



Mr. LOGENDHIRAN

37/Male/MHC202412296

31/03/2024/IPC2024000984

Dr. ILANCHET CHENNI

LING CARD

Patient Name



CASH

D.O.A. 31/3/24 Time 2:30pm

IP No.

Room No.

Rent Per Day Rs. 4900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
1/4/24	12pm	2LU-2	ST-Down 2LU	Meha

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
31/3/24	2:30pm	1/4/24	2:40pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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 :

[illegible]

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

31/03/24	Chert pa } 4709	due	Pre
31/3/24	ELG		
31/3/24	Echo - 4713	due	Dr. Suresh Kumar (Cassio)
2/4/24	C-Spire Ap/15 - 4864	due	Shinyan

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS