LLING CARD

Mr.MUTHUNARAYANAN.M
76/Male/MHV202402104
02/04/2024/IPV2024000242
Dr.RAJA

Patient Name _
IP No.

D.O.A 02/04/24 Time 8:30pm

Room No. Single Room 315. NONAC Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/4/24	8:30pm	ER.	Ward 315	SIN ER 0128

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

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
2/4/24	CBC, urea, creatinine, Electrolytes (1918)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
3/4/24	[illegible]						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Pandian (Pulon)	2/4/24	11 am 3/4/24	7 pm 3/4/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : [signature]

P. Nattanisha /0029
Sister In-charge