

date Adm : 31/4/24 AT 5.14pm

date Dis : 5/4/24 AT 12pm

(56)

11-FLOOR CASH NON A/C



Ms. HEMALATHA

25/Female/MHC202412643

03/04/2024/IPC2024001006

Dr. ARTHI



Patient Name

IP No.

Room No.

ING CARD

D.O.A. 03/04/24 Time 05:14pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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Surgeon :	Start Time :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

3/4/24	ECG - 4832	due	tami
4/4/24	USG - abdomen	due	4812

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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