



Patient Name _____

IP No. _____

Room No. 303 - Single Room non AC

Mr. KANNIYAPPAN. T

52/Male/M11V202402140

26/07/2024/1PV2024000639

Dr. K. GAYATHRI MD



ARD

31 JUL 2024

D.O.A. 26/7/24 Time 10:00pm

31 JUL 2024

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/7/24	10pm	ER	ward 303	Sister [Signature]

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]

27/4/24	urine routine (4387), Anti HCV, HbsAg, platelet count (4402)
28/4/24	FBS, PRBS (4418)
29/4/24	FBS, PRBS, FLP, HbA1c, PLT (4449)
29/7/24	LFT (4454)

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

27/7/24 chest PA view (4405)
 27/7/24 usg abdomen (4406)
 Dr. Anli
 27/7/24 ECG (4412)

CBG

CBG

27/7/24 1+1+1
 28/7/24 1
 29/7/24 1
 30/7/24 1+1+1
 31/7/24 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]