Mr.KARTHIK RAJA.R
39/Male/MHV202402153
07/04/2024/IPV2024000261
Dr.D.NIVEDHIDHA

Patient Name

ILLING CARD

10 APR 2024

D.O.A. 07/04/24 Time 1:00 pm

IP No.

Room No. ICU - 1

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/4/24	1.00pm	ER	ICU	S. Ezhilarasi.

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
7/4/24	1.10 PM	10/4/24	12pm

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
8/4/24	HAEMOGLOBIN [2029]
9/4/24	HAEMOGLOBIN, ELECTROLYTES (2059)
10/4/24	HAEMOGLOBIN. (2071)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR-(JAYANTHI (MD).	8/4/24 @12pm						

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

Other Procedures : (specify) :-

07/04/24

Admission Officer :

Sister In-charge