

17 APR 2024

MH/PRINT / 0007 / BILL / FC



Patient Name

IP No.

Room No.

Mrs. K. RAJAKUMARI

72/Female/MHV202402244

14/04/2024/IPV2024000279

Dr. S. ARTHI GRACE



LLING CARD

17 APR 2024

D.O.A. 14/04/24 Time 9:15pm

 Room No. Triple sharing Non A/c - 301-A Rent Per Day 1000/-
 TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/4/24	9:15pm	ER	WARD (301)	SHC Ganiya

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	:	Laprosopy	:
		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

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

14/4/24 ECG (2/50)
 16/4/24 Chest XRay - PA (2/65)

CBG

CBG

14/4/24 1
 16/4/24 1+
 17/4/24 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]