Mrs.S.RAJESHWARI
74/Female/MHV202402332
20/04/2024/IPV2024000305
Dr.K.GAYATHRI MD

ILLING CARD

Patient Name

22 APR 2024

D.O.A. 20/04/24 Time 2:30PM

IP No.

Room No. ~~918~~ 303 Single Room non AC Rent Per Day 11,00/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/04/2024	2.30PM	ER	Ward (3rd) (303)	

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
20/4/2024	CBC, UREA, CREATININE, ESR, S. ELECTROLYTES, LFT, URINE R/E (22957), Urine Sugar (23021)
21/4/24	FBS, PPBS (2313)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
20/4/24	CHEST "X" - RAY (2295)		

CBG				CBG			
20/4/24	1+1						
22/4/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. GAYATHRI M.D	20/4/2024 @ 2.45pm	at 1pm 21/4/24	22 11.15am 4/24				

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

Other Procedures : (specify) :-

Admission Officer : 20/4/24.

Sister In-charge