Rep:- Dr. Maniyanna

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Nalyhwam.	25/4/24	26/4/24	27/4/24	28/4/24			
		2pm.	3pm	10:15am		visit	
	10 PM	10 PM	10.00PM				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 1931	
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

AS
28/4/24
10PM

Admission Officer :

Sister In-charge

FEBRILE SEIZURE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mast. S Dhoothidhar D.O.A 25/4/24 Time 7:20 pm

IP No. 2024000588

Room No. 202 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/4/24	7:50pm	casualty	2nd floor	Sty

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

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
25/4/24	CRP (CPKB2024010183)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			