Mr.CHINNADURAI
72/Male/MHV202402427
26/04/2024/IPV2024000330
Dr.RAJA

ILLING CARD

Patient Name

IP No.

Room No. ICU

2 6 APR 2024

D.O.A 26/4/2024 Time 8.45 PM

2 8 APR 2024

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/4/24	9:00pm	ER	ICU	Bal 2143

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
26/4/24	8.45 PM	28/4/24	11.50 am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
26/4/24	8.45 pm	27/4/24	6.45 Am

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
26/4/24	CBC / UREA / CREATININE / ELECTROLYTES / LIVER FUNCTION TEST
	GLUCOSE RANDOM [2455]
26/4/24	URINE ROUTINE ANALYSIS [2456]

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
27/4/24	ECG (2161)		

CBG				CBG			
27/4/24	1+1+1						
28/4/24	1+						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. MURUGESAN (NEURO)	26/9/24						

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

Other Procedures : (specify) :-

Admission Officer : S. Malli 26/9/24

Sister In-charge