4/5/24 11 am DAY CARE

ILLING CARD

Mrs.VAIJAYANTHI K
44/Female/MHM202404726
04/05/2024/IPM2024000356
Dr.SARALA

Patient Name .

IP No. _____

Room No. 309

D.O.A. 4/5/24 Time 5.00AM

Rent Per Day ~~1000~~ /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/5/24.				
4/5/24	11.10Am	OT	Day Care.	E. Peril : 3212.

OPERATION THEA TRE

Date	: 4/5/24	OT No.	: 01
Surgeon	: DR. SARALA	Start Time	: 10.30Am
I Asst. Surgeon	:	End Time	: 11.00 Am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. BALAMANI	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: ↓ CURRETTAGE CERVIX Biopsy	Laproscopy	:
		Sevoflurane / Isoflurane	:
	↓ IV Sedation	Inj. Fentanyl	:
		Others	: INJ KETAMINE 1cc. USED

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**

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

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale Amount: Rs. 2633/-	
BILL CLEARED : (Credit)	
RETURNS CHECKED : (05/05/2024)	

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge