

08 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mr. CHANDRAN.V
35/Male/MHV202402574
08/05/2024/1BV2024000366

Patient Name **Dr. VENKATESH S.P**

IP No. 

ILLING CARD

08 MAY 2024

D.O.A. 08/5/2024 Time 11.30 AM

Room No. Single Room - 303 Mon-pcRent Per Day 1400/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
8/5/24	11.30am	ER	ward (303)	Shr Gauri Relu

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

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Anaesthetist	C-Arm
OT Nurse	Arthroscopy
Name of Surgery	Laproscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

Date _____

LABORATORY

[illegible]

[illegible]

CBG

PHYSIOTHERAPY

NEBULIZER

[illegible]