Mr.GOPAL.G
63/Male/MHV202402580
08/05/2024/IPV2024000367
Dr.K.GAYATHRI MD

LLING CARD

10 MAY 2024

Patient Name _____ D.O.A 08/05/24 Time 12.15 Pm

IP No. _____

Room No. Triple Sharing Mon AC 304-C Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8.5.24	12.45pm	OPD	ward	R.Asha.

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
8/5/24	CBC, UREA, CREATININE, ELECTROLYTES, HBA1C (2732)
	URINE R/E
9/5/24	FBS, PPBS, FLP (2753)
9/5/24	Sr. Osmolality, Na^+ (2764) Urine sodium, urine osmolality (2769) Sr. Sodium, Sr. Uric Acid (2772)
10/5/24	Electrolytes (2778)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
8/5/24	USG Abdomen (2741) (Dr. Bala Vaithaeswaran)		
8/5/24	2D Echo (2743) (Dr. Ilanthikeyan Cardio)		

CBG				CBG			
9/5/24	1						
10/5/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Karthikeyan (Cardio	8/5/24 8:30 PM	9/5/24 6:20					
DR. GAYATHRI (N.D)	9/5/24 11 AM	10/5/24 11:45 AM					
Dr. Kavithiravan (Medico)	9/5/24 3:30 PM						

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

Other Procedures : (specify) :-

Admission Officer : 9/5/24

Sister In-charge