

10 MAY 2024

MH/PRINT/0007/BILL/FC



Mr. THIRUNAVUKARASU.A

84/Male/MHV202402588

09/05/2024/IPV2024006371

Dr. KATHIRAVAN



ILLING CARD

Patient Name

IP No.

D.O.A. 09/5/2024 Time 9.30 AM

Room No. Single Room NonAc-313

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24	9.30am	ER	Ward 313	S/N Ganesan 003

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

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