16 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mrs.SHANTHI
55/Female/MHV2024002659
13/05/2024/IPV2024000386
Dr.RAJA

LLING CARD

16 MAY 2024

Patient Name _____ D.O.A. 13/05/24 Time 11:45pm

IP No. _____

Room No. ICU Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/5/24	11.45pm	ER	ICU	S/N Cauvery selvi 0039
15/5/24	12.00pm	ICU	WARD	S/N Prasanna 0030

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
14/05/24	12.10am	14/5/24	1pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
14/05/24			
dwf0050			

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
14/5/24	CBC, UREA, CREATINE, Sr. ELECTROLYTES, RBS (2868)
14/5/24	UREA, CREATININE, Na^+, K^+ (2879)
15/5/24	Na^+, K^+ (2910)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

14/05/24	ECG (2877)		
14/05/24	ECHO (2878)		
15/05/24	ECG (2895)		

CBG				CBG			
14/05/24	1+1+2						
15/05/24	3+1+1						
16/5/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KARTHIKEYAN (Cardio)	14/05/24 at 7.00 am	15/05/24 AT 7.20 PM.					

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

Other Procedures : (specify) :-

CATHETRIZATION DONE ON 14/5/24 IN. ICU

Admission Officer :

Sister In-charge