Mrs.SOUNDHARYA.D
25/Female/MHV202402664
04/10/2024/IPV2024000938
Dr.KOMATHI

NG CARD

MH/ PRINT / 0007 / BILL / FO

06 OCT 2024

Patient Name _____

D.O.A. 4/10/24 Time 4.20 PM

IP No. _____

Room No. Triple Sharing 302

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

OPERATION THEATRE

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 THEATRE

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
5/10/24	Urine ketone Bodies, Thyroid Profile Free (6476)
	Urea, Creatinine, LFT, HBA1C (6507), Urine ketone bodies (6508)
6/10/24	FBS, PPBS, Thyroid Profile Free (6525)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
5/10/24	ECG (6508)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Gomathi (OG)	~~at 8pm~~ 4/10/24	at 8.30am 5/10/24	6/10/24 at 12pm				
Dr. Gayathri MD	~~4/10/24~~ at 10am 5/10/24						

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

Other Procedures : (specify) :-

Admission Officer : 4/10/24

Sister In-charge