16 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mr.G.RAMESH
54/Male/MHV202402673
15/05/2024/IPV2024000388
Dr.S.ARTHI GRACE

LLING CARD

16 MAY 2024

Patient Name _____ D.O.A. 15/05/24 Time 7:30am

IP No. _____

Room No. Triple sharing Non A/C - 302 A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/5/24	7.45 AM	ER	Ward -	Sowmith 0135

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
15/5/24	CBC, LFT, ~~RFT~~ Wrongly written S. electrolytes
15/5/24	Stool Routine (2900) urea, creat (2897)
15/5/24	Stool L^s. (2904), Prothrombin time, APTT (2909)
16/5/24	CBC (2918)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
15/5/24	ECG (2906)		
16/5/24	ECG (2917)		

CBG				CBG			
15/5/24	✓						
16/5/24	✓						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Venkatesh (GS)	15/5/24 10.30Pm						
DR. MAITHRI M.D	16/5/24 @ 10.30am.						

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge