

19 MAY 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name

IP No.

Room No. Single Room Non Ac-313Rent Per Day 1400/-

Mrs. MALLIKA

76/Female/MHV202402708

18/05/2024/IPV2024000400

Dr. K. GAYATHRI MD



ILLING CARD

19 MAY 2024

D.O.A. 18/5/24 Time 3.40pm

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/05/24	3.30pm	ER	ward 313	<i>[Signature]</i>

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	:	Laproscopey	:
		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

[illegible]

LABORATORY

urea, creatinine, electrolytes (2953), urine cl
(2955)

FBS, PPRS, HBAC (2955)

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

18/5/24

USG Abdomen & pelvis (295A)

(Dr. Arthi HD.RD)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]