

1 floor

Non-Ac-Room. 5



Mrs.UMA MAGESHWARI
39/Female/MHC202417020
19/05/2024/IPC2024001409
Dr.THENMOZHI

LING CARD

CASH.

Patient Name

D.O.A. 19/5/24 Time 4:30pm

IP No.

Rent Per Day 1850/-

Room No.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 20/05/24	OT No. : 1
Surgeon : Dr. Thenmozhi	Start Time : 7 AM
I Asst. Surgeon : -	End Time : 8:15 AM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Ravikumar	C-Arm : -
OT Nurse : S/N. Sangeetha	Arthroscopy : -
Name of Surgery : Lap ovarian cyst	Laproscopy : INSTRUMENTS only
	Sevoflurane / Isoflurane : 1500/-
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine 0.5mg
	Others : HPE 1 Small Biopsy

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

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	Others	LABORATORY
19/5/24	BT, CT, RBS - 202406488	
20/5/24	FBS - 202406510 urine Acetone, urine Sugar Passing - 202406516	
20/5/24	HPT-① - 6522	

