24 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mr.ANNAMALAI
74/Male/MHV202402765
23/05/2024/IPV2024000412
Dr.K.GAYATHRI MD

ILLING CARD

: 4 MAY 2024

Patient Name

D.O.A. 23/05/24 Time 10.30 AM

IP No.

Room No. Single Room Non AC-303 Rent Per Day 1400 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/05/24	10.30am	ER	Ward 303	

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
23/5/24	UREA, CREATININE, ELECTROLYTES, URINE ROUTINE ANALYSIS (3001)
24/5/24	FBS, PPBS (3018)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
23/5/24	ECG (3009)		

CBG				CBG			
23/5/24	LL						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. GAYATHRI (MD) 10:30 AM	23/5/09						

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

Other Procedures : (specify) :-

Admission Officer : 23/5/09

Sister In-charge