ILLING CARD

Mr.KEERTHIVASAN.S
16/Male/MHV202402809
26/05/2024/IPV2024000420
Dr.A SANDOSH

31 MAY 2024

Patient Name

IP No. _____

D.O.A. 26/05/24 Time 12.10 PM

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

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/5/24	12.45AM	ER	Ward 313	Saad.D 0135
27/5/24	9.45AM	ward 313	Triple Sharing 307A	Gomathi 0057

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 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**

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sandesh (CMS)	1.40PM 26/5/24	10.40AM 26/5/24	at 6pm 27/5/24	at 1pm 28/5/24	9AM 29/5/24	1PM 30/5/24	

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

Other Procedures : (specify) :-

Dressing done by Dr. Sandesh NS (small) 30/5/24

K. Kal 30/5/24
Admission Officer

S. Saraswathi
Sister In-charge