.LING CARD

Mr.SUNDAR
44/Male/MHV202402845
28/05/2024/IPV2024000428
Dr.K.GAYATHRI MD

25 MAY 2024

Patient Name _____ D.O.A. 28/5/24 Time 12.00 PM

IP No. _____

Room No. Twin Sharing NON AC - 317 Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/5/24	12.30pm	Direct	ward (317)	28/5/2024

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
28/5/24	LFT, HBA1c, Electrolytes, CBC, Peripheral smear, Lipid Profile, ESR, Dengue (3089Y), Urine Routine Analysis (30944)
29/5/24	MP (Rapid) (31028)

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

CBG				CBG			
28/5/24	T						
29/5/24	T						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathri (MD)	10.30am 28/5/24						

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

Other Procedures : (specify) :-

Admission Officer : S. Nurse 28/5/24	AMA discn Sister In-charge 28/5/24