02 JUN 2024 MH/ PRINT / 0007 / BILL / FO

Mr.A.GOVINDHAN
26/Male/MHV202402891
31/05/2024/IPV2024000441
Dr.A SANDOSH

LLING CARD

02 JUN 2024

Patient Name _ D.O.A. 31/05/24 Time 02 : 15pm

IP No. _____

Room No. Triple sharing Non A/C - 307A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
	2.15pm	ER	ward 307A	
31/05/24				
2/6/24	3.50pm	Ward	ICU	Vimi DDAD

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
2/6/24	3.50pm	2/6/24	4.10pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
2/6/24	3.50pm	2/6/24	4.10pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
2/6/24	3.50pm	2/6/24	4.10pm

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

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

CBG			
2/6/24	1		

CBG			

Date	PHYSIOTHERAPY
31/5/24	Evening Physio

NEBULIZER			
31/5/24	1+1		
1/6/24	1+1+1		
2/6/24	1+1		

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Santosh (MS)	31/5/24						
~~Dr. ASWIN KUMAR (GS)~~							

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

Other Procedures : (specify) :-

31/5/24

Admission Officer :

S. Vanitha 31/5/24

Sister In-charge