

D.O.A. - 3/6/24 at 10:02am
D.O.D. - 3/6/24 at 6pm

11 floor
CASH



Mrs. SELVI MEERA
52/Female/MHC202418549
03/06/2024/IPC2024001556
Dr. ARTHI

CARD

Non-AC-POON

Patient Name _____

D.O.A. 3/6/24 Time 10:02am

IP No. _____

Room No. _____

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine
	Others :

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	
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

3/6/24 CBC, Urea, creatinine, LFT, RBS - 7136
3/6/24 Spectrolyte - 7148 R1
3/6/24 Urine Routine - 7157

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

3/6/24 CBG } DUS 22571
 3/6/24 ECG. } 7137

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS