

DOB : 11/6/24 At 11Am

II floor
CASH

Mrs. NANDHINI
35/Female/MHC202419305
10/06/2024 IPC 2024001616
Dr. ARTHI



ILLING CARD

gen. ward - 59 (4)

D.O.A. 10/6/24 Time 04:58 pm

Patient Name _____
IP No. _____
Room No. _____

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
		Nil		Nil

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

Date	Start	Date	Disconnect
		Nil	

INFUSION PUMP

Date	Start	Date	Disconnect
		Nil	

OXYGEN

Date	Start	Date	Disconnect
		Nil	

SYRINGE PUMP

Date	Start	Date	Disconnect
		Nil	

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

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

LABORATORY

[illegible]

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

10/06/24	④ Hmd ^{AP} _{em} - 7439	Due	Sib
10/06/24	CT. BRAIN PLAN - 7422	Due	Sib

[illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS