



Mr. ARUMUGAM

70 Male/MHV202403096

24/08/2024/IPV2024000741

Patient Name Dr. K. GAYATHRI MD

IP No.

**ING CARD**
25 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 24/08/24 Time 12.00 pm

Room No. 5CU - Bed 3

Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/8/24	12.20pm	ER	ICU	I. Balakrishnan

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 :

MONITOR

Date	Start	Date	Disconnect
24/8/24	12.30 PM	25/8/24	4.30 PM

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
24/8/24	12.30 PM	25/8/24	4.30 PM

VENTILATOR

Date	Start	Date	Disconnect

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	Inj. Fentanyl :
	Others :

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