



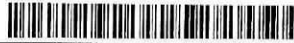
Mr. K. JANARTHANAN
77/Male/MHIV202403311
26/06/2024/1PV2024000517

ILLING CARD

Patient Name Dr. RAJA

D.O.A. 26/6/24 Time 2:30am

IP No.



Room No. ICU/ICU-1

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/6/24	2:30Am	ER	ICU	SLN [Signature] 0128

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/6/24	2:45am	26/6/24	3:25am	26/6/24	2:45am	26/6/24	3:25am

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/6/24	2:45am	26/6/24	3:25am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				26/6/24	2:45am	26/6/24	3:25am

OPERATION THEA TRE

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OT Nurse :	Arthroscopy :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

26/6/24

ABG [36117]

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

26/6/24	CHEST X-RAY (BEDSIDE) B612
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CBG**CBG**

26	6	24	1
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1

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]