

04 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Mr. FAMILSELVAN
62/M818/M11V202403369
29/06/2024/1PV2024000539

LLING CARD

Patient Name - Dr. ANANDH

IP No. _____

04 JUL 2024 D.O.A. 29/6/24 Time 8:30 PM

Room No. Single Room A/C 312

Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/6/24	8:30pm	ER	ward 312	8/21 JH 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

Date	Start	Date	Disconnect
4/7/24	11.10Am	04/07/24	8:30PM

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

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]