02 JUL 2024

MH/ PRINT / 0007 / BILL / FO

Mr.VELMURUGAN.V
42/Male/MIIV202403398
01/07/2024/IPV2024000550
Dr.K.GAYATHRI MD

LLING CARD

02 JUL 2024

Patient Name _____ D.O.A. 01/07/24 Time 5:30pm

IP No. _____

Room No. ICU - 4 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/7/24	5:30pm	ER	ICU.	S/N IP 0198

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
1/7/24	5.40pm	2/7/24	2pm

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

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	:

Date	LABORATORY
02/07/24	Glucose[fasting], PPBS (3764)
02/07/24	HbA1C [3765], PLATLET COUNT, PS (3765)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER		
1/7/24	USG ABDOMEN [3752] [DR. ARTHI]	
01/07/24	ECHO SCREENING [3758] (DR. karthikeyan)	
2/7/24	CHEST "X" RAY BEDSIDE [3775]	

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SELAMBARASAN (Psychi)	01/07/24 @9.10pm	2/7/24 @12pm					
DR. KARTHIKEYAN (Cardio)	01/07/24 @9.30pm						
DR. GNATHRI M.D	2/7/24 @10am						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

01/07/2024

Admission Officer :

01/07/2024

Sister In-charge