ILLING CARD

Ms.RAGHAVI. S
16 Female MHM202405630
09/07/2024/IPM2024000557
Dr.KOMAGAL

Patient Name

IP No. _____

Room No. 309

D.O.A 09/07/24 Time 8.30pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/7/24	3.45pm	ER	OT	Kani SIGN
9/7/24	5.30pm	OT	3rd floor.	Sooraj SIGN

OPERATION THEA TRE

Date	: 9/7/24	OT No.	: 01
Surgeon	: DR Komagal.	Start Time	: 4.30pm
I Asst. Surgeon	Dhadameeri	End Time	: 5 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USG
Anaesthetist	: DR Sankaralingam.	C-Arm	:
OT Nurse	: Vanitha.	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
Incision & drainage of abscess under short GA		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1amp. USG
		Others	:

MONITOR

Date	Start	Date	Disconnect

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
9/7/28	Pus culture sent to main Hospital (4725)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Komegal	9/7/24	10/7/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill amount = 7242/-	
BILL CLEARED :	
RETURNS CHECKED : 23/7/24	

Other Procedures : (specify) :-

OT clearance
23159.

Dressing done on 9/7/24 by Dr. Yamini

12.30 PM

Admission Officer : 3/7/24

Sister In-charge