

11 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. BALKEES BEEVI

68/Female/M11V202403547

10/07/2024/IPV2024000584

Dr. K. GAYATHRI MD



Patient Name

IP No.

ILLING CARD

11 JUL 2024

D.O.A. 10/07/24 Time 12.30 pm

Room No. Single Room ACRent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/7/24	12pm	ER	WARD	S. Eshy 10/14.

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

[illegible]