Ms.SHIVANI
10/Female/MHV202403580
12/07/2024 IPV2024000592
Dr.(MAJOR) SATHISH KUMAR

ILLING CARD

13 JUL 2024

Patient Name _____ D.O.A. _____ Time 1.30 PM

IP No. _____

Room No. Triple Sharing NonAc-307 Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/7/24	01.30PM	ER	WARD (307-A)	J. Kamalakar

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

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
12/7/24	CRP - (39.72)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
12/7/24			

CBG			
12/7/24	+		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Palaniappa (Peadi)	12/7/24 8pm						
Dr. Sasikala (Pead)	12/7/24 at 8.30pm						
DR. Sathishkumar	13/7/24 at 3.20pm						

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

Other Procedures : (specify) :-

Admission Officer : S. Mall 12/7/24

Sister In-charge