

 **Mrs. PUSHPALATHA**
37/Female/M11V202403599
13/07/2024/1PV2024000595
Patient Name **Dr. K. GAYATHRI MD**
IP No. 

LLING CARD**15 JUL 2024**D.O.A. 13/07/24 Time 8.30 PMRoom No. ICU - 3Rent Per Day 3500/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
13/7/24	9pm	ER	ICU	SN Datta/0135

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
13/7/24	9.00 pm	15/07/24	9.30 am				

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	
Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

13/7/24

ECG (BEDSIDE) (3991)

14/7/24

1

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]