

Ref: DR. G. N.

CAG - UPI 16,000 Self

MHI/DP/2022/104



Mrs. MAGESHWARI N

61/Female MHI202484653

08/07/2024/12112024001587

Dr. G. GNANAVELU


ILLING CARD
SAFETY FIRST


Patient Name

D.O.A. 08/07/24 Time 10:15 AM

IP No.

Room No.

RL

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
8/7/24	10:15	ADMISSION	RL	[Signature]
8/7/24	12:20	RL	CATH LAB	[Signature]
8/7/24	14:00	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 08/07/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:20
I Asst. Surgeon	:	End Time	: 13:45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RL/N. ABIR	Arthroscopy	:
Name of Surgery	: LAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		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

[illegible]