.ING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.GABRIEL S
18/Male/MHM202405832
20/07/2024/IPM2024000598
Dr.VAISHNAVI GANESAN

Patient Nam _____ D.O.A 20/7/24 Time 4.30 PM

IP No. _____

Room No. _____ Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/7/24	6 PM	ER	IIIrd floor 3087	3227.

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
Ast. Surgeon	:	End Time	:
Ast. Surgeon	:	Dis. Pack	:
Ast. Surgeon	:	Diathermy	:
Anesthetist	:	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 THEATRE

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
20/7/24	~~CBC~~, RFT, LFT, CRP (5018)
	Blood culture (5019)
20/7/24	
21/7/24	Lipid Profile, TFT, CBC, Urea, Creat (5039)
22/7/24	CBC (5057)
23/7/24	CBC / Urine / R/E (5080)
23/7/24	~~CBC~~, ~~HbA1c~~, Urine ~~Routine~~ Analysis (~~5080~~) (5104)
	Urine Spot ~~Creatinine~~, Urea (5103)
24/7/24	~~CBC~~ (5120)

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

20/7/24	ECG (5017)		
20/7/24	Chest X-ray (5017)		
22/7/24	USG Abdomen (5062)		

CBG

24/7/24	2. (5122)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi Gaur	20/7/24	22/7/24	23/7/24	24/7/24			

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

Other Procedures : (specify) :-

Admission Officer : 3485	Sister In-charge