05 OCT 2024

Mrs.ANJALAI
55/Female/MHV202403712
04/10/2024/IPV2024000935
Dr.A SANDOSH

ING CARD

MH/ PRINT / 0007 / BILL / FO

05 OCT 2024

Patient Name

IP No. _____

D.O.A. 04/10/24 Time 1.45 PM

Room No. Triple Sharing 307

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/10/24	2 pm	ER	Ward	

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	:

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
4/10/24	Urine R/E (6467), Urine c/s (6473)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
5/10/24	CT ICOB (6475)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. sandosh (Neurosurgeon)	4/10/24 6.30pm						
Dr. Siraji (URO)	4/10/24 9.30h						

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

Other Procedures : (specify) :-

catheterization Done on 4/10/24

Admission Officer : 4/10/24

Sister In-charge