29 JUL 2024

Mrs.FATHIMA
60/Female/M1V202403734
28/07/2024/IPV2024000644
Dr.RAJA

ING CARD

MH/ PRINT / 0007 / BILL / FO

29 JUL 2024

Patient Name

IP No. _____

D.O.A. 28/7/24 Time 12.55AM

Room No. ICU-1

Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/7/24	12:55Am	ER	ICU	Slx 0128

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
28/7/24	1AM	29/7/24	7AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/7/24	1AM	28/7/24	12 pm

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
28/7/24	CBC, UREA, CREATININE, SR. ELECTROLYTES [H421]
28/7/24	TROPONIN-I [H431]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
28/7/24	ECHO SCREENING [4432] DR. KARTHIKEYAN.		

CBG				CBG			
28/7/24	1+1+1						
29/7/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KARTHEKEYAN (CARDIO)	28/7/24 at 1pm						

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

Other Procedures : (specify) :-

Admission Officer : 28/7/24

Sister In-charge