Mr.SRIKANTH RAI G
22/Male/MHM202405933
25/07/2024/IPM2024000616
Dr.MOHAMMED SIDDIQUE

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 25/7/24 Time 5.00pm.

IP No. _____

Room No. 307 Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/7/24	7.30 Pm	ER	3rd Floor (307)	Shamy J
26/7/24	4.45Pm	III Floor	OT. 3220	Dhanalakshmi
26/7/24	8.00 AM	OT	III rd floor	

OPERATION THEATRE

Date	: 26/7/24	OT No.	: 01
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.45 AM
I Asst. Surgeon	:	End Time	: 7.15 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SYED	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: TYMPANO MASTOID EXPLORATION ↓ GA	Laproscopy	: LAP UNIT OUTSIDE UNIT USED
		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

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
25/7/24	(1)						
26/7/24	(1)						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :- OT clearance done Ramy 30/22

Admission Officer :

E. Poonju 30/12
Sister In-charge