Mrs.KATHIJA BEE
70/Female/MHV202403814
28/07/2024/IPV2024000645
Dr.K.GAYATHRI MD

ING CARD

MH/ PRINT / 0007 / BILL / FO

29 JUL 2024

Patient Name

D.O.A. 28/07/24 Time 2.00 Pm

IP No.

Room No. ICU-1

Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/7/24	3.PM	ER	ICU	

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	3 pm	29/7/24	11 am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/7/24	3 pm	29/7/24	11 am.

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			
28/7/24	1					
29/07/24	1+1					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
28/7/24	1+1						
29/07/24	1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GAYATHRI M.D	29/7/24 @10.30 AM						

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

Other Procedures : (specify) :-

Admission Officer : 28/07/24

Sister In-charge