Mrs.SUBBALAKSHMI G
79/Female/MHM202406010
13/09/2024/IPM2024000819
Dr.MEDWAY HOSPITAL

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____

D.O.A. 13/09/24 Time 7.00 pm

IP No. _____

Room No. 11A

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/9/24	8.10 pm	ER	1st Floor	Sur PHA 3219

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

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

13/9/24	X-ray pelvis AP (OP paid.		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SITSABESAN	13/9/24	14/9/24					

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

Other Procedures : (specify) :-	
	EEG / NCS
	OT instruments
	Diet

Admission Officer :

for
Sister In-charge