

04 AUG 2024

MH/ PRINT / 0007 / BILL / FO



Mr.MURALIK

45/Male/MHIV202403880

02/08/2024/1PV2024000662

Dr. ANANDH



LLING CARD

04 AUG 2024

D.O.A. 02/08/24 Time 1:50 am

Patient Name

IP No.

Room No. ICU - 2

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
02/08/24	1.50 PM	ER	ICU	SN [Signature]
3/8/24	1.45 PM	ICU	WARD (306) now AC	M. [Signature]

OPERATION THEA TRE

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 :	Laprosopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
02/08/24	2 AM	3/8/24	1.45 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				02/08/24	2 AM	2/8/24	10 AM

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

2/8/24 CHEST X RAY (BS) (4556)

CBG

CBG

2/8/24 1+1+1

3/8/24 1+1+1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

2/8/24 1+1+1

3/8/24 1+1+1

4/8/24 1

[illegible]