



Mr.MAGESHWARAN.P

38/Male/MIIV202403942

06/08/2024/IPV2024000673

Patient Name

Dr.K.GAYATHRI MD

IP No. _____

Room No. ICU-2**ING CARD****MH/ PRINT / 0007 / BILL / FO**D.O.A. 06/8/24 Time 10.00 AM**07 AUG 2024**Rent Per Day 3500/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
6/8/24	10AM	ER	ICU	S. Ezhil/0014

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
6/8/24	10.10 ^{am}	07/08/24	8.00am				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				6/8/24	10.25 ^{am}	6/8/24	2pm

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 :

[illegible]

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

6	8	24
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ECHOCARDIOGRAM [4665] DR. KARTHIKEYAN [CARDIO]

	CBG
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	CBG
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Date _____

PHYSIOTHERAPY	
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