Mrs.YUVASREE M
30/Female/MHM202406283
09/10/2024/IPM2024000944
Dr.NANDIGAM SANTOSHI /
Dr.NANDIGAM SANTOSHI

Patient Name _____

IP No. _____

Room No. _____

NG CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 09/10/24 Time _____

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
09/10/24	5PM	ER	Recovery	Sweetha

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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

11/10/2024	ANOMALY SCAN - (7426)		

CBG

09/10/24	~~(9) 7 2~~	(7343)	
10/10/24	~~2 (7354)~~	~~2 (7363)~~	~~)+2~~ (7391)

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Santhosh	9/10/24	10/10/24	11/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 2342/-	-
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge