19 AUG 2024

B/O.MAHALAKSHMI
O/Male/M11V202404072
15/08/2024/IPV2024000703
Dr.SASIKALA

ING CARD

MH/ PRINT / 0007 / BILL / FO

19 AUG 2024

Patient Name

D.O.A. 15/08/24 Time 4.15PM

IP No. _____

Room No. Triple Sharing Non AC - 301

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/8/24	4.00PM	ER	Ward 301	SN I [illegible]

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
5/8/24	CBC, CRP, PS, calcium, blood culture, blood group and RH typing. (1,857)
17/8/24	CBC, CRP (4899) Bilirubin Total, D2DE (4914)
19/8/24	C.R.P, CBC (1,963).

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

17/8/24	Bedside xray (1913)		

CBG

15/8/24	1+1		
16/8/24	1+1+1		
17/8/24	1+1		
18/8/24	1+1		
19/8/24	1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	(Ambulance going to picky the patient to Gimgee) (40km)

Other Procedures : (specify) :-

Admission Officer : S. Mall 15/8/24

Sister In-charge