21 AUG 2024

Mrs.SHALINI.R
26/Female/M11V202404086
16/08/2024/IPV2024000709
Dr.MEDWAY HOSPITALS

ING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 16/08/24 Time 9.00Pm

IP No. _____

Room No. Twin sharing Non AC - 318 Rent Per Day 2,200/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	9pm	ER	ward	
17/8/24	10.45 am	ward	OT	
17/8/24	12.45pm	OT	ward	0118.

OPERATION THEATRE

Date	: 17/8/2024	OT No.	: 2
Surgeon	: Dr. Mani Megalai	Start Time	: 11.40am
I Asst. Surgeon	: Nil	End Time	: 12.30pm
II Asst. Surgeon	: Nil	Dis. Pack	: Nil
III Asst. Surgeon	: Nil	Diathermy	: Nil
Anaesthetist	: Dr. Nithiyanantham	C-Arm	: Nil
OT Nurse	: Saraswathi / Kopi	Arthroscopy	: Nil
Name of Surgery	: LSCS & ST done under SA	Laproscopy	: Nil
		Sevoflurane / Isoflurane	: Nil
		Inj. Fentanyl	: Nil
		Others	: Pediatrician: Dr. Anand Raj

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
17/8/24	Blood grouping (4904)
18/8/24	Hb (4960)

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

1.8.24	CTG (4921)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. manimegalai (DEO)	@ 5:30pm 17/8/24	11:30 AM 18/8/24	1:30 PM 19/8/24	7:30 pm 20/8/24	@ 10:30 AM 21/8/24		
(OT. Asst charge vizayalakshmi)	2500/-						

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

Other Procedures : (specify) :-

Admission Officer : RG 16/08/24

Sister In-charge