Mrs.SELVI .S
60/Female/MIIV202404123
18/08/2024/IPV2024000717
Dr.K.GAYATHRI MD

19 AUG 2024

LING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 18/08 Time 1.20pm

IP No. _____

Room No. 302. C Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/8/24	1:20pm	ER	Ward (302)	SIN 0108

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
18/8/24	3pm	18/8/24	9pm

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			

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
19/8/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr-Gayathri (MD)	19/8/24 3pm						
Dr. Soundararajan (MD)	19/8/24 1.30pm						

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

Other Procedures : (specify) :-

18/08/24

Admission Officer :

Sister In-charge