20 AUG 2024

Mrs.KAMALAM
75/Female/M11V202404133
18/08/2024/IPV2024000719
Dr.K.GAYATHRI MD

ING CARD

20 AUG 2024

MH/ PRINT / 0007 / BILL / FO

Patient Name

IP No.

D.O.A. 18/8/24 Time 11.15 PM

Room No. Single Room Non Ac

Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/8/24	11.15pm	ER	W/ARD	S.E24/0014

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

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
19/8/24	Urea, Creatinine, peripheral smear (4985)
20/8/24	FBS, PPBS, Urea, creatinine, HbA1c (5002)
20/8/24	Urine CIS (5007), WBC (5020)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
19/8/24	CT Scan - KUB (4986)		

CBG				CBG			
19/8/24	1+1+1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr-Vijayathri CMD	19/8/24 10.30 am	20/8/24 @ 10.20 am					

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

Other Procedures : (specify) :-

Admission Officer : 19/8/24

Sister In-charge