

RI
EST

ESI

CAG.

MHI/DP/2022/104



Mr. MADURAI (ESI)
46/Male/MHI202485301
19/08/2024/PH2024001907
Dr. G. GNANAVELU

ILLING CARD



Patient Name _____

IP No. _____

Room No. _____

D.O.A. 19/8/24 Time 11:04 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
19/8/24	11:09	Adm	RL	Suboza
19/8/24	12:45	RL	Cathlab.	Suboza
19/8/24	14:45	CATHLAB	RL	Suboza

OPERATION THEATRE

Date	: 19/8/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:55
I Asst. Surgeon	:	End Time	: 14:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Bawadherani	Arthroscopy	:
Name of Surgery	: Chy	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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