Mrs.MANIYAMMAL
65/Female/MIIV202404238
25/08/2024/IPV2024000745
Dr.RAJA

NG CARD

MH/ PRINT / 0007 / BILL / FO

27 AUG 2024

Patient Name

IP No.

D.O.A. 25/08/24 Time 6.20AM

Room No. ICU - Bed 2

Rent Per Day 3500

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/8/24	6.20 PM	ER	ICU	
26/8/24	9 pm	ICU	WARD SINGLE ROOM NON AC	

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
25/8/24	6.50 AM	26/8/24	9 pm

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
25/8/24	HBAIC (5189), PERIPHERAL SMEAR ['5198]
05/8/24	URINE ROUTINE (5202)
06/8/24	SODIUM [NA+] [5213]

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

25/8/24	CT. BRAIN (5194)		
25/8/24	ECG [5199]		
25/8/24	X ray CHEST (5203)		

CBG

25/8/24	1+1+1+1+1		
	1+		
26/8/24	1+1+1+1		
27/8/24	1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GAYATHRI	11.30am 25/8/24	at. 9am 26/8/24	@ 10AM 27/8/24				
Dr. Murugesh Babu (Neuro)	at 3:40pm 27/8/24						

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge