



Mr. PRASATH

16/Male/MHV202404295

30/08/2024/1PV2024000767

NG CARD

31 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 30/8/24 Time 4.00 PM

Patient Name

Dr. SOUNDARRAJAN

IP No.



Room No. Triple Sharing Non AC - 301

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/8/24	4 PM	OPD	ward	S. K. K. K.
30/8/24	5 PM	ward	OT	P. K. K. K.
30/8/24	6.15 PM	OT	ward	Dr. J. J. J.

OPERATION THEATRE

Date	: 30/8/2024	OT No.	: 3
Surgeon	: Dr. Soundhar Rajan	Start Time	: 6 PM
I Asst. Surgeon	: nil	End Time	: 6.10 PM
II Asst. Surgeon	: nil	Dis. Pack	: nil
III Asst. Surgeon	: nil	Diathermy	: nil
Anaesthetist	: Dr. Saranya	C-Arm	: nil
OT Nurse	: Enanthi / Chopi	Arthroscopy	: nil
Name of Surgery	: Sq. D. done. VSV	Laproscopy	: nil
Sedation		Sevoflurane / Isoflurane	: nil
		Inj. Fentanyl	: nil
		Others	: Inj. Ketamin 1ml

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

[illegible]

2

1

75

1

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10

2

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LABORATORY

PUS C/S (5359)

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

[illegible]**CBG****CBG**

					CBG		
Date:							

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]