03 SEP 2024

Mr.SURYA
26/Male/M11V202404378
31/08/2024/IPV2024000774
Dr.K.GAYATHRI MD

CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 31/08/24 Time 11.30pm

IP No. _____

Room No. 313 - Single Room non AC Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/8/24	11.30pm	ER	ward 313	SHN
01/9/24	12.30am	ward (313)	313 AC	Arul

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
2/9/24	AEC, Total IgE (5384)
3/9/24	Sputum C/S, AFB, Gram Stain (5409)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
3/9/24	CT chest (SHIFT)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
1/9/24	1						
2/9/24	1+1+1+1						
3/9/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathri (CMD)	1/9/24 5.30 pm	@ 10.20 am 2/9/24	@ 10.15 am 3/9/24	at 2.30 pm 3/9/24			
Dr. Pandiyan (Pulmo)	3/9/24 2.30 pm						

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

Other Procedures : (specify) :-

Admission Officer : 3/09/24

Sister In-charge