05 SEP 2024

Mrs.AMUTHA
60/Female/MIIV202404422
03/09/2024/IPV2024000783
Dr.RAJA

NG CARD

05 SEP 2024

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 03/09/24 Time 2:00 pm

IP No. _____

Room No. 304 - Triple Sharing non AC Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/9/2024	3.00pm	ER	Ward 304	SN Tech.

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
4/9/24	URINE CULTURE (5436), HIV I & II, HBsAg (5445)
5/9/24	UREA, CREATININE (5460)

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

CBG

3/9/24	1		
4/9/24	1+1+1		
5/9/24	1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SHIVAJI	@ 11-30am 3/9/24	04/09/24 at 6 pm					

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge