05 SEP 2024

Mr.KATHIRAVAN
42/Male/M11V202404441
04/09/2024/IPV2024000786

NG CARD

05 SEP 2024

MH/ PRINT / 0007 / BILL / FO

Patient Name Dr.SOUNDARRAJAN

IP No.

D.O.A. 4/9/24 Time 1.00 PM

Room No. Triple Sharing 301

Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/9/24	1 PM	ER	Ward	
4/9/24	3.15 PM	Ward	OT	

OPERATION THEATRE

Date	: 4/9/2024	OT No.	: 3
Surgeon	: Dr. Soundhar rajan (M.S)	Start Time	: 3.45 PM
I Asst. Surgeon	: Nil	End Time	: 4.15 PM
II Asst. Surgeon	: Nil	Dis. Pack	: Nil
III Asst. Surgeon	: Nil	Diathermy	: Nil
Anaesthetist	: Dr. Saranya	C-Arm	: Nil
OT Nurse	: Sivaranjani / Saraswathi	Arthroscopy	: Nil
Name of Surgery	: Resuturing done	Laproscopy	: Nil
V-SD		Sevoflurane / Isoflurane	: Nil
		Inj. Fentanyl	: Nil
		Others	: Nil

MONITOR

Date	Start	Date	Disconnect
4/9/24	4.30 PM	4/9/24	5 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**

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

4/9/24	Echo screening (Dr. Kathiravan) (5456)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vijayathri (MD)	4/9/24 3 PM						
Dr. Soundarajan (MS)	5/9/24 9 AM						

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

Other Procedures : (specify) :-

Admission Officer : 4/9/24

0039
Sister In-charge