Master.RAKSHAN
2'Male'MHM202406731
04/09/2024'IPM2024000780

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Dr.AIYSHA BEEVI

IP No. _____

D.O.A. 04/09/24 Time 2.15 PM

Room No. 309

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/9/24	3.45PM	ER	III rd floor 309	

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	CBC, CRP, RFT, LFT (6318)
	covid influenza viral pannel (6333)

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

4/7/24	1-1+1		
5/7/24	1+1+1		
6/7/24	1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Divya	4/9/24	5/9/24	6/9/24	3+TDS			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = Nil	—
BILL CLEARED : 6/9/2024	
RETURNS CHECKED :	

Other Procedures : (specify) :-

EEG / NCS

Audiogram

OT Instruments

Diet

Admission Officer :

Sister In-charge