Child.RAYYAN
5/Male/MHM202406748
05/09/2024/IPM2024000785
Dr.DHANASEKHAR K

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 05/09/24 Time 1.45pm

IP No. _____

Room No. 303 Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	2.30pm	ER	IIIrd floor	P. Shanthi

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
5/9/24	CBC, CRP, RFT [6345]
	Blood C/S [6346]

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dharaiman	6/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 181 /.	—
BILL CLEARED : K 2804 6/9/24 7/30 pm	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 3/85

Sister In-charge 3/9