13 SEP 2024

MH/ PRINT / 0007 / BILL / FO

B/O.DHIVYABHARATHI
O/Male/MHV202404508
08/09/2024/IP/V2024000807
Dr.SASIKALA

ILLING CARD

13 SEP 2024

Patient Name _____ D.O.A. 08/09/24 Time 7.00pm

IP No. _____

Room No. Triple Sharing non AC 301 A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/9/24	7pm	Direct Admission	301(A)	Shifaali

OPERATION THEA TRE

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 THEA TRE

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
8/9/24	CBC, PS, CRP, Urea, creatinine, Blood group and RH typing, sodium, pottasium, calcium, Billirubin Total, bilirubin direct, bilirubin Indirect (5555)
10/9/24	Billirubin Total, bilirubin direct, bilirubin indirect (5609) Blood cs (5608)
11/9/24	CBC, PS, CRP (5670)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
09/9/24	CHEST X-RAY [5565]		

CBG				CBG			
8/9/24	1						
9/9/24	1+1+1+1						
10/9/24	1+1+1+1						
11/9/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Anand Raj (Peadi)	9/9/24 10.10pm						
DR. Sasikala (Peadi)	~~9/9/24~~	@ 10.15pm 10/9/24	@ 10am 11/9/24	at 10.10 pm 12/9/24			

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge