16 SEP 2024

MH/ PRINT / 0007 / BILL / FO

Mr.ANANTH
13/Male/MLIV202404631
14/09/2024/IPV202400084
Dr.(MAJOR) SATHISH KUMAR

ILLING CARD

16 SEP 2024

Patient Name _____ D.O.A. 14/09/24 Time 9.00 PM

IP No. _____

Room No. Single Room NonAc-313 Rent Per Day 1400 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/9/24	9pm	ER.	WARD.	S. Ezhil 0014.

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
15/9/24	8.00am	16/09/24	7.00 AM.

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
15/9/24	Urine complete Examination, Stool routine Analysis.
	VBG (5784)
15/9/24	LFT, Coagulogram (5808)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
15/9/2024	USG Abdomen Scan (5200)		
	Dr. Sriram (Advised)		

CBG				CBG			
15/9/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sathish Kumar Ram	14/9/24	15/9/24					

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

Other Procedures : (specify) :-

Nursing Officer : 14/9/24

Sister In-charge