



Mrs. MALLIGA

76/Female M11V202404774

23/09/2024/1PV2024600886

Patient Name Dr. K. GAYATHRI MD

IP No. _____

Room No. Twin Sharing Non Ac-319Rent Per Day 1200/-**ILLING CARD****24 SEP 2024**D.O.A. 23/9/24 Time 3:30 pm**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
23/09/24	1 PM	ER	Ward	<i>[Signature]</i>

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Date	LABORATORY
23/9/24	CBC, Urea, Creatinine, RBS, (bgl)
24/9/24	lipid profile (bgl)

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

23/9/24 EC (6083)
 23/9/24 ECHO (6091) Dr. Karthikeyan
 (cardio)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]