



Baby: ADRIELLE ANN ARUN

D: Female / MHM202407166

25/09/2024 / IPM2024000873

Patient Name Dr. BINU NINAN

IP No.



Room No. NICU

ING CARD

MH / PRINT / 0007 / BILL / FO

D.O.A. 25/09/24 Time 11.00 am

Rent Per Day 25/9/24 @ 11 am

12500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
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

Warmer INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/9/24	11am	30/9/24	7pm	25/9/24	11am	30/9/24	7pm

Blender OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/9/24	11am	30/9/24	7pm				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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 : 0.6 ml CIVIC
	Others :

LABORATORY

Date	LABORATORY
28/9/24	Hb Sr. Sodium } (Package)
30/9/24	CBC, CRP, Blood gas (Package) () (plate/case.) Blood culture () electrolyte (package)

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

27/9/24

ECHO (Dr. Richi)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

25/9/24

2+2

26/9/24

4

27/9/24

4

28/9/24

4

29/9/24

2+2

Package

