

03 OCT 2024

Patient

IP No.

Mr.J. DHINESH  
29/Male/MHV202404882  
01/10/2024 IPV2024060922  
Dr.SOUNDARRAJAN

ILLING CARD  

OCT 2024

MH/ PRINT / 0007 / BILL / FO  
D.O.A. 01/10/24 Time 12.30 PM

Room No.  
Rent Per Day

Single Room Non All-  
1400/-

TRANSFER DETAILS

| Date       | Time    | From       | To   | Sister Signature |
|------------|---------|------------|------|------------------|
| 01/10/2024 | 12.30pm | ER         | Ward | [Signature]      |
| 1/10/24    | 2.40pm  | ward - 316 | OT   | [Signature]      |
| 1/10/24    | 3.30pm  | OT         | ward | [Signature]      |
|            |         |            |      |                  |
|            |         |            |      |                  |
|            |         |            |      |                  |

OPERATION THEATRE

|                                 |                                |
|---------------------------------|--------------------------------|
| Date : 1/10/24                  | OT No. : 3                     |
| Surgeon : Dr-Soundar rajan      | Start Time : 2.50 pm           |
| I Asst. Surgeon : Nil           | End Time : 3.20 pm             |
| II Asst. Surgeon : Nil          | Dis. Pack : Nil                |
| III Asst. Surgeon : Nil         | Diathermy : Nil                |
| Anaesthetist : Dr.Subashini     | C-Arm : Nil                    |
| OT Nurse : Divya/madhar         | Arthroscopy : Nil              |
| Name of Surgery : SLD done & SA | Laproscopy : Nil               |
|                                 | Sevoflurane / Isoflurane : Nil |
|                                 | Inj. Fentanyl : Nil            |
|                                 | Others : Nil                   |

MONITOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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|      |       |      |            |
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OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
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ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
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VENTILATOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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|      |       |      |            |
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|                   |  |
|-------------------|--|
| 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 :                   |

[illegible]

[illegible]

