3 OCT 2024

Mr.PRADEEP
24/Male/MHV202404942
02/10/2024/IPV2024000927
Dr.K.GAYATHRI MD

ING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 2/10/24 Time 4.15 pm

IP No. _____

Room No. ICU Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	4.50 pm	ER	ICU	

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	:

MONITOR

Date	Start	Date	Disconnect
2/10/24	4.50 pm	3/10/24	11 am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
2/10/24	5pm		
2/1/24	4pm	2/1/24	9pm

SYRINGE PUMP

Date	Start	Date	Disconnect
dead			

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

Date	LABORATORY

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
2/10/24	ECHO SCREENING [6407] BY DR. KARTHIKEYAN		

CBG				CBG			
3/10/24							

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KARTHIKEYAN [CARDIO]	@9PM 2/10/24						
DR. GAYATHRI M.D	2/10/24 @ 4.30p	3/10/24 @ 10am					

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

Other Procedures : (specify) :-

Admission Officer : S. Mohan 2/10/24

Sister In-charge