



Mrs. GOWRI R

66/Female:MHM202407392

08/10/2024/1PM2024000936

Dr. VAISHNAVI GANESAN,

Dr. VAISHNAVI GANESAN

Patient Name

IP No.

Room No.

309

ING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 08/10/24 Time 10.00 am

Rent Per Day

1500

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/10/24	3 PM	ER	3rd floor (309)	H. S. S.

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

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

OPERATION THEATRE

Date :

Surgeon :

I Asst. Surgeon :

II Asst. Surgeon :

III Asst. Surgeon :

Anaesthetist :

OT Nurse :

Name of Surgery :

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Start Time :

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Diathermy :

C-Arm :

Arthroscopy :

Laproscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others :

Date

LABORATORY

8/10/24 UBC / urea / creatinine / LFT / TET Total (7275)

8/10/24 HBAIC (7277) Urine / RLE (7283)

9/10/24 FLP (7291) urine (7310)

9/10/24 KT (7326)

10/10/24 KT (7348)

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

8/10/24 ECG (7282)
 chest x-Ray (7279)
 9/10/24 Echo (7309) done by Dr Carthick
 10/9/24 x-Ray left shoulder (7327)

CBG

CBG

PHYSIOTHERAPY

Pls. 500% per session

Date

9/10/24 1:00pm

NEBULIZER

NEBULIZER

