Master.PRAGADEESH
8/Male/MHM202407425
09/10/2024/IPM2024000945
Dr.BINU NINAN /

.ING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name ____________ D.O.A. 09/10/24 Time 8.00P

IP No. ____

Room No. 309 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/10/24	3Pm	ER	3rd floor (309)	H. [illegible]

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

INFUSION PUMP

Date	Start	Date	Disconnec

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnec

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnec

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
9/10/24	CBC / Smear for MP & MF / Dengue Profile Elte... (732...
	Blood C/S (7322) Scrub Typhus, Peripheral Sme... (7323)
	Blood grouping & typing (7325)
10/10/24	CBC, LFT, Electrolytes (7341)
10/10/24	Hb, PCV (7375)
11/10/24	CBC (7396)
12/10/24	CBC (7444)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date (1)	Date (2)	Date	Date	Date	Date	Dat
Dr. Raashidha	9/10/24	10/10/24	11/10/24				
Dr. Muthiah	9/10/24	✓					
DR. Binu	10/10/24	11/10/24	12/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 938/-	—
BILL CLEARED : 12/10/2024	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Diet

OT Instrument

Admission Officer :

for.

Sister In-charge