

Ref-
Dr. G. Gnanavelu

SAFETY FIRST

Self

CAG

MHI/DP/2022/104

Mr. ELANGO.V
S4/Male/MH10232
17/06/2024/PH2024001437
Dr. G. GNANAVELU

Medway Hospit
The way to better health
(A Unit of United Alliance Healthcare Pvt L)

Patient Name _____
IP No. _____
Room No. _____

.LING CARD

D.O.A. 17/6/24 Time 12:27PM

Rent Per Day _____ Re

TRANSFER DETAILS				
Date	Time	From	To	Nurse's Signature
# 16/24	12:35	ADMISSION	Re	<i>[Signature]</i>
17/6/24	14:40	Re	Cath lab	<i>[Signature]</i>
17/6/24	14:15P	Cath lab	Re	<i>[Signature]</i>

OPERATION THEATRE	
Date : <u>17-06-24</u>	OT No. : <u>Cath Lab</u>
Surgeon : <u>Dr. GAG</u>	Start Time : <u>3:50 PM</u>
I Asst. Surgeon :	End Time : <u>4 PM</u>
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : <u>Abinaya R In</u>	Arthroscopy :
Name of Surgery : <u>Cath</u>	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	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

[illegible]