

Cash

Mrs. GAYATHRI

27/Female/MHV202300787

21/12/2023/IPV00115

Dr. RAJA



Patient Name _____

IP No.

Room No. 200-21

D.O. 8/12/23 Time 9:00 Am

Rent Per Day 3500/-

TRANSFER DETAILS

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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]

[illegible]