



MR. MOHAN

38/Male/MHV202300798

22/12/2023/IPV00119

Patient Name **Dr.K.GAYATHRI MD**

IP No.



D.O.A. 22/12/23 Time 4.15pm

Room No. 315 - Single Room Non AC

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/12/23	5.05pm	ER	(315) ward	C. Tamil Selvi 0039
25/12/23	1.10pm	OT	WARD	E. Enanthu

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 :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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LABORATORY

URINE ROUTINE ANALYSIS (0.840)

CBC, urea, creati, s. calcium, Urine routine
Analysis (0845)

Urine Spot Creatinine, Urine Spot Protein (0865)

Unica, (creation 0875) Sr. Albumin (0876)

[illegible]

