

06 JAN 2024

MH/ PRINT / 0007 / BILL / FO



Mr.R.UMAPATHI

44/Male/MHV202300804

30/12/2023/IPV000130

Patient Name

Dr.K.GAYATHRI MD

D.O.A. 30/12/23 Time 10.30AM

IP No.



Room No. 1CU-11

Rent Per Day 3500/-

## TRANSFER DET AILS

| Date     | Time    | From | To   | Sister Signature |
|----------|---------|------|------|------------------|
| 30/12/23 | 11:45AM | ER   | ICU  | Jyothy 0049.     |
| 01/01/24 | 9.00pm  | ICU  | Ward | M. d. s. 0003    |
|          |         |      |      |                  |
|          |         |      |      |                  |
|          |         |      |      |                  |

## 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 |
|----------|---------|----------|------------|------|-------|------|------------|
| 30/12/23 | 11.45AM | 01/01/24 | 9.00pm     |      |       |      |            |
|          |         |          |            |      |       |      |            |
|          |         |          |            |      |       |      |            |
|          |         |          |            |      |       |      |            |

## 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 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]





