

30 AUG 2024



Mrs. SARASWATHI R

58/Female/M11V202400963

29/08/2024/IPV2024000765

Patient Name

Dr. K. GAYATHRI MD

IP No.

Room No. Single Room Non-Ac-316

ING CARD

MH/ PRINT / 0007 / BILL / FO

30 AUG 2024

D.O.A. 29/8/24 Time 12.45 pmRent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/8/24	12:35 pm	ER	ward 316	P. S. S. S.

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	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

[illegible]

Date

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____

PHARMACY		AMBULANCE	
OT DRUGS REPLACED :			
BILL CLEARED :			
RETURNS CHECKED :			

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

Other Procedures : (specify) :-

Admission Officer :

S. Moh
29/8/24

Sister In-charge