



59-GLW

D.O.A. 17/1/24 Time 05:16 PM

CASH

Rent Per Day 1500/-

TRANSFER DETAILS

[illegible]

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

Date	Start	Date	Disconnect
17/11/24	10pm	18/11/24	10am

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

	Date

VENTILATOR

Start	Date	Disconnect

OPERATION THEATRE	
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

18/1/24	RBS. RFT, LFT. - 0715
17/1/24	Ugno R/E - 0100
17/1/24	COC - 0747

[illegible]