

DoA : 18/1/24 at : 10.04 Am

DoD : 22/1/24 at : 3.00pm

2nd floor



Ms. KEERTHANA K

18 / Female / MHC202402858

20/01/2024 / IPC2024000170

Dr. ARTHI



G CARD

Patient Name _____

IP No. _____

Room No. CASH

Non-Ac

(62)

D.O.A. 20/1/24 Time 10.04 Am

Rent Per Day 1850 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

20/1/24 CBC, Blood Grouping, RFT, }
 Electrolytes, LFT, RBS } = 0829
 Dengu NS.

20/1/24 urine Routine → 0853

20/1/24 CBC → 0916

[illegible]