

II floor

Mrs. SURTHI
29/Female/MHC202403537
23/01/2024/IPC2024000208

ING CARD

Patient Name _____

IP No. _____

Room No. _____

Dr. VALLIAMMAL K



D.O.A. 23/1/24 Time 9:10AM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>23/1/24</u>	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 : <u>Normal delivery</u>	Laproscopy :
<u>Dr. Valliammal Dm</u>	Sevoflurane / Isoflurane :
<u>23/1/24 at 11am</u>	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
<u>Labor Room</u>	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 :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

23/02/24 HB, BT, CT, Sugar - 202400989

