

Date Ann 28/1/24
Cash Date Rec 17/6/24

1776.12.12

AT 2pm

D.O.A. 28/1/20 Time 06:12 PM

Rent Per Day 1850/-



Mrs. GAYATHRI

23/Female/MHC202404366

28/01/2024/IPC2024000293

Dr. ARTHI



Non-AC-FOOM-86

Patient Na

IP No. _____

Room No

TRANSFER DETAILS

OPERATION THEATRE

MONITOR

INFUSION PUMP

OXYGEN

SYRINGE PUMP

ALPHA BED

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

[illegible]

