

Mrs. KOTTIESWARI
65/Female/MHC202405625
05/02/2024/JPC2024000390

Dr. HARI KRISHNAN



NG CARD

NON-AC ROOM

I floor
cash

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 5/2/24 Time 8:30 PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>05/2/24</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 :	Laproscopy :
<u>hiddiness</u>	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE	
Date _____ :	OT No. _____

Surgeon :	OT. No. :
I Asst. Surgeon :	Start Time :
II Asst. Surgeon :	End Time :
III Asst. Surgeon :	Dis. Pack :
Anaesthetist :	Diathermy :
OT Nurse :	C-Arm :
Name of Surgery :	Arthroscopy :
	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	Others :
5/9/94	LABORATORY

[illegible]

[illegible]