



09 FEB 2024

Room No. 20-21

Rent Per Day 3500/-

Date	Time	From	To	Sister Signature
08/02/2024	9.50pm	ER	ICU	eh

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 :

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/2/2021	10 ^{am}	9/2/2021	10 ^{am}				

[illegible]

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				8/2/24	10 ^{am}	8/2/24	11 ^{am}
				8/2/24	1.20 pm	8/2/24	5.30 pm
				8/2/24	9 ³⁰ pm	8/2/24	11 ³⁰ pm

OPERATION THEA TRE	
Date :	OT. No. :
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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]

[illegible]

PHYSIOTHERAPY

[illegible][illegible]

[illegible]