

DOB: 13/2/2001 at 2 PM

II Floor (Children ward)



**Medway J**  
The way to  
(A Unit of United A

**Baby.MATHEW**

3/Male/MHC202406375

Patient N

10/02/2024/IPC2024000450

IP No.

Dr.ARAVINDH RAJHA P.S

Room No



**BILLING CARD**  
CASH

D.O.A. 12/12/24 Time 11:00

Rent Per Day 1200/-

## TRANSFER DETAILS

[illegible]

## OPERATION THEATRE

| 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

| MONITOR |       |      |            | INFUSION PUMP |       |      |            |
|---------|-------|------|------------|---------------|-------|------|------------|
| Date    | Start | Date | Disconnect | Date          | Start | Date | Disconnect |
|         |       |      |            |               |       |      |            |
|         |       |      |            |               |       |      |            |
|         |       |      |            |               |       |      |            |
|         |       |      |            |               |       |      |            |
|         |       |      |            |               |       |      |            |

## INFUSION PUMP

[illegible]

## OXYGEN

[illegible]

## SYRINGE PUMP

[illegible]

ALPHA BED

| SCD PUMP |       |      |            | VENTILATOR |       |      |            |
|----------|-------|------|------------|------------|-------|------|------------|
| Date     | Start | Date | Disconnect | Date       | Start | Date | Disconnect |
|          |       |      |            |            |       |      |            |
|          |       |      |            |            |       |      |            |

## SCD PUMP

| Date |  | Start |  | Date |  | Disconnect |  |
|------|--|-------|--|------|--|------------|--|
|      |  |       |  |      |  |            |  |
|      |  |       |  |      |  |            |  |

VENTILATOR

| Start | Date | Disconnect |
|-------|------|------------|
|       |      |            |
|       |      |            |





[illegible]

OT. No. :

Start Time :

End Time :

Dis. Pack

~~Diathermy~~

C-Arm

### Arthroscopy

## Laparoscopy

Sevoflurane / Isoflurane

Inj. Fentanyl

Others

## LABORATORY

*[Signature]*

[illegible][illegible]

## PHYSIOTHERAPY

| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
| 10/2/24   | 1       |      |         |        |         |      |         |
| 11/2/24   | 1+1+1   |      |         |        |         |      |         |
| 12/2/24   | 1+1+1+1 |      |         |        |         |      |         |