

Mr. **THANIGAIVEL**
46/Male/MHC202406775
13/02/2024/IPC2024000485
Dr. ARTHI

II floor
4NS?
CARD
Gen. ward-59

Patient Name Mr. Thanigaivel 46/male. D.O.A. 13/2/2024 Time 12:43
IP No. _____
Room No. _____ Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>13/02/2024</u>	OT No. : <u>11</u>
Surgeon : <u>DR. Prasanna</u>	Start Time : <u>2:45 pm</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>3:15 pm</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>-</u>	C-Arm : <u>-</u>
OT Nurse : <u>virayagam</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>Thumb Nail finger suture (RT)</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine -</u>
	Others : <u>-</u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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II Asst. Surgeon :	Dis. Pack :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
13/12/24	Rt DUMS			DUS	B-2.57		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS