



Infusion
cash

NON-AE- ROOM 14

Patient Name Mrs. Tamil Selvi

D.O.A. 16/2/24 Time 05:09 pm

IP No. _____

Room No. 14

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 17/02/24	OT No.	: 02
Surgeon	: DR. CHRISTINA	Start Time	: 7.30 AM
I Asst. Surgeon	: DR. Sasikala	End Time	: 8.00 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Padmanaban	C-Arm	: -
OT Nurse	: YOGA	Arthroscopy	: -
Name of Surgery	: F/C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10mg / Inj. Morphine	: -
		Others	: HPE (1) BPOsy Small (1)

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

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]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

16-2-74

Chest Pain

Dele

Defin

202402415

16-2-21

Ecg

Done

Lms

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CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS