

INSURANCE

Non-AE Room - 5

D.O.A. 12/2/24 Time 07:36 pm

Rent Per Day 1850/-



Room No.

[illegible]

Date :	19/02/24	OT No. :	①
Surgeon :	DR. SASIKALA	Start Time :	8.30AM
I Asst. Surgeon :	_____	End Time :	9.00AM
II Asst. Surgeon :	_____	Dis. Pack :	_____
III Asst. Surgeon :	_____	Diathermy :	_____
Anaesthetist :	DR. Ravi Kumar	C-Arm :	_____
OT Nurse :	REGINA	Arthroscopy :	_____
Name of Surgery :	Hystro Lap	Laproscopy :	Camera, monitor, Lap Instrum
		Sevoflurane / Isoflurane :	500 / _____
		Inj. Fentanyl :	2ml 10ml / Inj. Morphine ① Amp
		Others :	

[illegible][illegible]

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]