



B/O.NINCY

0/Female/MHV202401545

23/02/2024/IPV2024000135

Dr.(MAJOR) SATHISH KUMAR

**.LING CARD****25 FEB 2024**D.O.A. 23/2/24 Time 11.35 AM

Patient Name _____

IP No. _____

Room No. NICU - 1Rent Per Day 3500/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
23/2/2024	11-00 ^{am}	DIRECT Admission	NICU	Sy 0129

OPERATION THEA TRE

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 :

MONITOR**INFUSION PUMP** waymet

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/2/24	1pm	25/2/24	10am	23/2/24	1pm	25/2/24	10am.

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Sevoflurane / Isoflurane :
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	Others :

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