

Mr.VASUDEVAN

73/Male/MHC202409594

06/03/2024/IPC2024000740

I.C.U.



Dr. ARTHI



ILLING CARD

Patient Name MR. VASUDEVAN 73 | m

D.O.A. 06/3/24 Time 12.28 pm

IP No. _____

Ins. ?

Room No. _____

Rent Per Day Rs. 5700/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
6/3/24	12.30pm	6/3/24	5pm				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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LABORATORY

[illegible]

