

C/10



**The way to better health**

**The Way Is Better:**  
A Unit of United Alliance Health

**Mrs. DEEPARANI. M**

Patient Name 45/Female/MHC202409771

07/03/2024/IPC2024000759

IP No. \_\_\_\_\_ Dr. ARTHI

Room No.

Cash

Rent Per Day 1500

## TRANSFER DETAILS

[illegible]

## OPERATION THEATRE

|                               |                                        |
|-------------------------------|----------------------------------------|
| Date :                        | OT No. :                               |
| Surgeon :                     | Start Time :                           |
| I Asst. Surgeon :             | End Time :                             |
| II Asst. Surgeon : <i>nil</i> | Dis. Pack : <i>nil</i>                 |
| III Asst. Surgeon :           | Diathermy :                            |
| Anaesthetist :                | C-Arm :                                |
| OT Nurse :                    | Arthroscopy :                          |
| Name of Surgery :             | Laproscopy :                           |
|                               | Sevoflurane / Isoflurane :             |
|                               | Inj. Fentanyl : 2ml 10ml/Inj. Morphine |
|                               | Others :                               |

## MONITOR

## INFUSION PUMP

| MONITOR |       |      |            | MONITOR |       |      |            |
|---------|-------|------|------------|---------|-------|------|------------|
| Date    | Start | Date | Disconnect | Date    | Start | Date | Disconnect |
|         |       |      |            |         |       |      |            |
|         |       | nil  |            |         |       | nil  |            |
|         |       |      |            |         |       |      |            |
|         |       |      |            |         |       |      |            |
|         |       |      |            |         |       |      |            |

## OXYGEN

## SYRINGE PUMP

[illegible]

## ALPHA BED

## SCD PUMP

## VENTILATOR

| ALPHA BED |       |      |            | GSD FORM |       |      |            |
|-----------|-------|------|------------|----------|-------|------|------------|
| Date      | Start | Date | Disconnect | Date     | Start | Date | Disconnect |
|           |       |      |            |          | nsl   |      |            |
|           |       | nsl  |            |          |       |      |            |



## 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 :                   |

Date

### LABORATORY

7/3/24 CBC, Widal, Urea, Creatinine, LFT, Electrolytes,  
RBS, Amylase, Lipase - 3601 Ry

8/3/24 Urine Routine - 3632. Ry

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

|          |                            |
|----------|----------------------------|
| 07/03/24 | Chest - PA view - 3600 f-- |
| 7/3/24   | ECG due                    |
| 8/3/24   | USG - Abd - 3649 Rf        |

**CBG**

**ABG**

**ACT**

| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|------|---------|------|---------|
|------|---------|------|---------|------|---------|------|---------|

*nil*

**Date**

**PHYSIOTHERAPY**

**NEBULIZER**

**OTHERS**

| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|------|---------|------|---------|
|------|---------|------|---------|------|---------|------|---------|