

B/O. PARVEEN

O/Female/MHC202409823

08/03/2024/IPC2024000768

Dr. ARAVINDH RAJHA P.S



CARD

I floor
CASH

Patient Name B/O. parveen. CASH

D.O.A 08/3/24 Time 9.6 Am.

IP No. /F

Room No. _____

Rent Per Day NO Rent

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

[Handwritten diagonal line across the RADILOGY section]

CBG

DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------

[Handwritten diagonal line across the CBG section]

ABG

DATE	NUMBERS
------	---------

ACT

DATE	NUMBERS
------	---------

[Handwritten diagonal line across the ACT section]

Date

PHYSIOTHERAPY

[Handwritten diagonal line across the PHYSIOTHERAPY section]

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------

[Handwritten diagonal line across the NEBULIZER section]

OTHERS

DATE	NUMBERS	DATE	NUMBERS
------	---------	------	---------

[Handwritten diagonal line across the OTHERS section]

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

1/13/24 Bill Rubin, T.B, D.B, B/G, TEm - 2403758.