

10 MAR 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name \_\_\_\_\_

Mr. MOHAMMED HUSAIN.S

78/Male/MHV202401778

08/03/2024/IPV2024000171

Dr. RAJA

CARD  
10 MAR 2024

D.O.A. 08/3/24 Time 7.20pm

IP No. \_\_\_\_\_

Room No. 303 - Single Room A/C

Rent Per Day 2200/-

## TRANSFER DET AILS

| Date   | Time   | From | To          | Sister Signature |
|--------|--------|------|-------------|------------------|
| 8/3/24 | 7.20PM | ER   | WARD 303-AC | S.S. 0055        |
|        |        |      |             |                  |
|        |        |      |             |                  |
|        |        |      |             |                  |
|        |        |      |             |                  |
|        |        |      |             |                  |

## 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

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## 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 :                   |

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