

I floor
cush

RIIING CARD

Mrs. ASHWINI

30 / Female / MHC202410352

13/03/2024 / IPC2024000819

Dr. SASIKALA



Non-Ac-ROOM-

Patient Name _____

D.O.A. 13/3/24 Time 10:14am

IP No. _____

Room No. _____

Rent Per Day

1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 13/03/24	OT No.	: P
Surgeon	: DR. Sasi kala	Start Time	: 5:30pm
I Asst. Surgeon	: -	End Time	: 6:00 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. M. Ravi Kumar	C-Arm	: -
OT Nurse	: S/N. Regina	Arthroscopy	: -
Name of Surgery	: DSC	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: 1 amp.
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

Date _____

$$13 \mid 3 \mid 2$$

HB, BT, UT, RBS - 202403877

[illegible]