

24 MAR 2024

MH/ PRINT / 0007 / BILL / FO



Mrs.S.ANDAL

54/Female/MHV202401958

23/03/2024/IPV2024000206

-LING CARD

Patient Name

Dr.K.GAYATHRI MD

D.O.A. 29/03/24 Time 10.00 PM

IP No.

Room No. Twin Sharing AC -318

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/3/24	10.15pm	ER	Ward (318-A)	SIN. E. Ail (014)

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

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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