

OPERATION THEA TRE			
Date	OT No		
Surgeon	Start Time		
I Asst. Surgeon	End Time		
R Asst. Surgeon	Dis. Pack		
III Asst. Surgeon	Dialtherapy		
A. anesthetist	C-Arm		
OT Nurse	Arthroscopy		
Name of Surgery	Laproscoy		
	Sevoflurane / Isoflurane		
	Inj. Fentanyl		
	Others		

[illegible][illegible]

31/1/24	Bank	(214553)
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CBB

C88G

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Patient Name MR. Asad Khan BT-5
IP No. 2024000560
Room No. 16712117.

DOA 3/4/24 Time 01.00 PM

IP No. 2024 000560
Room No. 151121M.

TRANSFER DET AILS

Rent Per Day

Date	Time	From	To	Sister Signature
3/4/24	12:50 ^{pm}	Casualty	Air-ward	Emmelyn

[illegible]

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 :		Laprosocopy	:
		Sawfluorize / Isotfluorine	:

	Concentration / Volume :
	Inj. Fentanyl :
	Others :
MONITOR	INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

03.04.2024 at 1.55pm
Verified by

[Signature]