

Mr.S.JAYACHANDRAN

74/Male/MHV202402160

08/04/2024/IPV2024000264

Dr.S.ARTHI GRACE

09 APR 2024

MH/ PRINT / 0007 / BILL / FO



Patient Name



IP No.

Room No.

317-A Twin sharing non A/C

Rent Per Day

1200/-

TRANSFER DET AILS

D.O.A. 8/4/24

Time 7.50 pm

Date	Time	From	To	Sister Signature
8/4/2024	7.50pm	ER	Ward 317	SD

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	:	Laproscopey	:
		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

OPERATION THEA TRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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