

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR: valliammal (Dhw)							

PHARMACY

AMBULANCE

OT DRUGS REPLACED : *[Signature]*
 BILL CLEARED :
 RETURNS CHECKED :

nil

- CROSS MATCHING :
- RESERVATION OF BLOOD :
- STERILE TRAY USED :
- TRANFUSION (BLOOD)
- ATTENDER'S HOLDING :
- OTHER PROCUDRES :

nil

Patient Discharge on 12/4/24 at 4pm.

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

Date

LABORATORY

9/14/24. CBC, BT, UT, Sugar - 202413289



