

Non A/C - 7

[illegible]

Date : 11/04/24	OT No. : ①
Surgeon : DR. Vally	Start Time : 10.00 AM
I Asst. Surgeon : _____	End Time : 10.30 AM
II Asst. Surgeon : DR. SASIKALA	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : DR. RAVIKUMAR	C-Arm : _____
OT Nurse : REGINA	Arthroscopy : _____
Name of Surgery : (R) Lap Ovarian Cyst	Laproscopy : Camera, MONITOR, Lap INSTR
	Sevoflurane / Isoflurane : 1000
	Inj. Fentanyl : 2ml / Inj. Morphine ① Amp
	Others : HPE 1 Small Biopsy ①
MONITOR	INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

check - $\alpha = 25\%$

R-mohan Ray -2405052

ACT

NUMBERS

PHYSIOTHERAPY

NUMBERS