

Patient Name Mr. Prathap Kumar. S DOB 20/4/24 Time 10am
 IP No. 2024000568
 Room No. 412 (m) TRANSFER DET ALLS
 Rent Per Day 1000

TRANSFER DET AILS

Rent Per Day 1,000

Date	Time	From	To	Sister Signature
20/6/24	10:30 am	E.R.	Gilward	Suberna

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 / Isolflurane :	
Inj. Fentanyl :	
Others :	

MONITOR	INFUSION PUMP
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Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

OXYGEN	SYRINGE PUMP
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Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
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[illegible]

ALPHA BED / SCD PUMP	VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
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[illegible][illegible]

OPERATION THEA TRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Dietary :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Ini. Fentanyl :
	Others :

Date		LABORATORY
20/6/24	ISC, PT, LP, Sr. School Va, HGAID. (GUTS 25)	
	Urine ketone, PT, GUS [Appendix] SR	

[illegible][illegible]

NEBULIZER	NEBULIZER

[illegible]