



Baby.PARWESH. V

2/Male/MHM202404662

29/04/2024/IPM2024000335

Dr.AIYSHA BEEVI

Patient Name ParweshD.O.A. 29/4/24 Time 8:45PMIP No. Parwesh 335Room No. 309Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/4/24	9.30pm	ER	3 rd floor	S/W Kavi

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 / 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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	Inj. Fentanyl :
	Others :

Date

LABORATORY

29/4/24 CBC, RFT, LFT, CRP, TSH (2971)

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

[illegible]

CBG

CBG[illegible]

PHYSIOTHERAPY

Date _____

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]