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Re - 11.20 am



Patient Name **Mrs.BUVANESHWARI**
20/Female/MHC202415528

D.O.A. 03/05/24 Time 06:54 PM

IP No. 03/05/2024/IPC2024001274

Room No. Dr.SASIKALA

Rent Per Day 1500

TRANSFER DETAILS

[illegible]

Date :	04/05/24	OT No. :	②
Surgeon :	DR. SASIKALA	Start Time :	9.15AM
I Asst. Surgeon :	_____	End Time :	9.45AM
II Asst. Surgeon :	DR. Valli	Dis. Pack :	_____
III Asst. Surgeon :	_____	Diathermy :	_____
Anaesthetist :	DR. Ravi Kumar	C-Arm :	_____
OT Nurse :	YOGA	Arthroscopy :	_____
Name of Surgery :	CX ENCEPHALAGE	Laproscopy :	_____
		Sevoflurane / Isoflurane :	_____
		Inj. Fentanyl :	20µg / Inj. Morphine ① Amp
		Others :	_____

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

[illegible]

SCD PUMP

VENTILATOR

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 :

Date	LABORATORY
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3/5/24	HB, BT, CT, RBS - 2405910.
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