

Patient Name BIO ELAVARASI MIP No. IPM2024000405Room No. 14B/O ELAVARASI M
J/Male/MHM202404853
18/05/2024/IPM2024000405
Dr.S RAASHIDHA

ARD

D.O.A. 18/5/24 Time 6:30pmRent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/5/24	7PM	ER	1 st FLOOR C114	Wm T. 303

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 PHOTO THERAPY (DOUBLE SURFACE) INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/5/24	7PM.	19/5/24	8PM.				

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

[illegible]

[illegible]

[illegible]