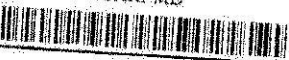


Dr.K.GAYATHRI MD

IP No.



CALLING CARD

25 MAY 2024

D.O.A. 28/5/24 Time 12.00 PM

Room No. Twin Sharing Non Ac - 317

Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/5/24	11:30pm	Nicole	Wendy (317)	[Signature] 14/0029

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

[illegible]

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

28/5/24 DFT, HBAIC, Electrolytes, CBC, Spontaneous Urinalysis
ESR Done (3089), Urine Routine Analysis (3094)
29/5/24 MP (Rapid) (3102)

[illegible]

[illegible]