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Patient Name 29/05/2024/IPC2024001499

D.O.A. 29/05/24 time 05:59 pm

IP No. Dr.ARAVINDH RAJHA P.S

Room No.



CARDLE

Rent Per Day _____

TRANSFER DETAILS

[illegible]

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

[illegible]

INFUSION PUMP

INFUSION PUMP			
Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect
			/

SCD PUMP

SCD PUMP	
Date	

VENTILATOR

VENTILATOR		
Start	Date	Disconnect

OPERATION THEATRE

Date _____

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	:
Date			

Date	Others
20/10/2023	LABORATORY

LABORATORY	
3/5/24	Bilirubin, Direct Bilirubin, Indirect Bilirubin, Blood group, Tsm, S/GPT/ALT

[illegible]

