

Patient Name

Mr. CHELLADURAI D A

67/Male/MHI202484118

IP No.

04/06/2024/IPH2024001335

Room No.

Dr. K. JAISHANKAR

D.O.A. 04/06/24

Time 7.44 AM

TRANSFER DETAILSRent Per Day RL

Date	Time	From	To	Nurse's Signature
4/6/24	7.50	APM	RL	ALP
4/6/24	9.30	CATH LAB RL	CATH LAB	ALP
4/6/24	10.45	CATH LAB	RL	ALP

OPERATION THEATRE

Date	: 04/06/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar. K	Start Time	: 10.00
I Asst. Surgeon	:	End Time	: 10.25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Abinaya	Arthroscopy	:
Name of Surgery	: CALY	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	:
		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

[illegible]