

07 AUG 2024



Baby.AARADHANA

01Female/M11V202402894

03/08/2024/1PV2024000664

ING CARD

07 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 03/08/24 Time 10.00 AM

Patient Name

Dr.SASTKALA

IP No.

Room No. Triple Sharing Non Ac

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/8/24	10.00am	ER	WARD (301 B)	Shy/negati.

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 :

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]

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LABORATORY

POTASSIUM (K^+), GLUCOSE RANDOM, CALCIUM, SODIUM (Na^+) (4592).

LACTATE, AMMONIA [4635] SERUM KETONES (4637)

[illegible]

[illegible]