

2 floor



D.O.A. 02/06/24 Time 08:02 AM

Rent Per Day 1520/-

TRANSFER DETAILS

[illegible]

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

[illegible]

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Disconnection

[illegible]

[illegible][illegible]

PHYSIOTHERAPY

[illegible][illegible]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

nil

nil

Date

LABORATORY

2/6/24

CBC, Creatinine, urea, LFT, Electrolytes, RBS, (FBS)