

Mrs. KASTHURI.R

72/Bemale/MHV202402977

04/06/2024/IPV2024000461

Dr. SOLINDARRAJAN



Patient Name

IP No.

Room No. Single Room Non AC - 306 - A

TRANSFER DET AILS

Rent Per Day 1.400/-

LLING CARD

08 JUN 2024

D.O.A. 04/06/24 Time 9.30 PM

Date	Time	From	To	Sister Signature
04/06/2024	9.45 PM	ER	Ward 306	S. S. S.

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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