



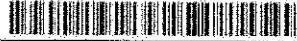
B/O. ANITHA ROSY

07/Malc/MHV202402985

05/06/2024/IPV2024000465

Patient Name Dr. (MAJOR) SATHISH KUMAR

IP No.



ILLING CARD

07 JUN 2024

D.O.A. 05/06/24 Time 11:00 AM

Room No. N111

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/6/24	11 am	ER	N111	[Signature]

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 WARMER

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/6/24				5/6/24	11 am	6/6/24	12 pm

OXYGEN- CPAP

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/6/24	11.30 am	6/6/24	6 am	5/6/24	11.30 am	6/6/24	1 am

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Others :

[illegible]

[illegible]

[illegible]