

07 JUN 2024

MH/PRINT / 0007 / BILL / FO

Mr.M.DEVARASU

58/Male/MHV202402997

06/06/2024/IPV2024000469

Dr.K.GAYATHRI MD



Patient Name

IP No.

Room No. Single Room Men AL- 315Rent Per Day 1400/-

LLING CARD

07 JUN 2024

D.O.A. 06/06/24 Time 7.30 AM

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/6/2024	8 AM	ER	WARD	S. Ezhilooia.

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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