

ST. I. C. U.



(A Unit of United Alliance Healthcare Pvt.Ltd.)

Patient Name	Mrs.SAROJINI.M
IP No.	80 Female/MHC202419669 14 06 2024/IPC2024001654
Room No.	Dr.ARTHI

CASH

D.O.A 4/6/24 Time 11.21 Am

Rent Per Day Rs. 3300/-

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 : <i>nil</i>
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

[illegible]

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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	Others :

[illegible]

