

16 JUN 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. JAYAKODI

55/Pentole MILV 202403166

15/06/2024/PPV3024000496

Dr. K. GAYATHRI MD

.LING CARD

16 JUN 2024

D.O.A. 15/06/24 Time 11:00pm

Patient Name

IP No.

Room No.

Triple sharing

Non A/C - 307 A

Rent Per Day

1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24	11:00pm	ER	ward (307)	S/N (Gami) / K. J. 10009

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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