



Patient Name

IP No. _____

Room No.

Mrs. RABIYA BEE.K

45/Female/MH1202484410

20/06/2024/1PH2024001468

Dr.NARENDRA N M



TRANSFER DETAILS

D.O.A. 20-06-24 Time 10:12 am

Rent Per Day

Date	Time	From	To	Nurse's Signature
20/6/24	10:42	ADMISSION	Pl	20/0299
20/6/24		Pl	CATH LAB	20/0299
20/6/24	15:25	CATH LAB	Pl	<i>[Signature]</i>

OPERATION THEATRE

Date :	30/6/24	OT No. :	Cath lab - II
Surgeon :	DR. NARENDRA	Start Time :	14:55
I Asst. Surgeon :		End Time :	15:20
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	R/N Sathya	Arthroscopy :	
Name of Surgery :	CABG	Laproscopey :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	
		Others :	

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date

VENTILATOR

Start	Date	Disconnect

[illegible]