

Ist floor - General ward Rs 1500/-

Mrs. JAYANTHI
32/Female/MIIC202467400
24/06/2024/IPC2024001737

Dr. VALLIAMMAL K

D.O.A. 24/6/24 Time 4:46pm

Patient Name Mrs. Jayanthi

IP No. IPC2024001737

Room No. Ist floor

Rent Per Day Rs. 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>25/06/24</u>	OT No. :	<u>①</u>
Surgeon :	<u>DR. VALI</u>	Start Time :	<u>8.30 AM</u>
I Asst. Surgeon :	<u>—</u>	End Time :	<u>9.15 AM</u>
II Asst. Surgeon :	<u>DR. SASIKACA</u>	Dis. Pack :	<u>—</u>
III Asst. Surgeon :	<u>—</u>	Diathermy :	<u>—</u>
Anaesthetist :	<u>DR. RAVI KUMAR</u>	C-Arm :	<u>—</u>
OT Nurse :	<u>YOGIA</u>	Arthroscopy :	<u>—</u>
Name of Surgery :	<u>MTP & Lap ST</u>	Laproscopy :	<u>INSTRUMENTS ONLY</u>
		Sevoflurane / Isoflurane :	<u>—</u>
		Inj. Fentanyl : <u>20</u> 10ml/Inj. Morphine	<u>① AM</u>
		Others :	<u>—</u>

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS