



Child: BRYELLA LEANNE

10. Female / MHM202405355

25/06/2024 / IPM2024000508

ILLING CARD

Patient Name

Dr. DHANASEKHAR K

D.O.A. 85-6-84 Time 5.00 pm

IP No.



Room No.

303

Rent Per Day 2500 / -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/6/24	6.45 pm	ER	303 III rd FLOOR	J. M. 2222
25/6/24	11 pm	303	306	Jonny 3193

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

OPERATION THEA TRE

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

Date

LABORATORY

25/6/24 CBL, CRP, RFT (4443)

[illegible]

[illegible]