


Mrs. M. SANGEETHA
 41/Female/ALLV202403314
 26/06/2024/PPV2024000518
 Patient Name **Dr. K. GAYATHRI MD**
 IP No. 

ILLING CARD**27 JUN 2024**D.O.A. 26/06/24 Time 10.30 AM**21 JUN 2024**Rent Per Day 1400/-Room No. Single Room Non AC - 313**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
26/6/24	10:30 AM	ER	ward 313	Bal - 0143

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 :	Laproscopey :
	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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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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