

DOA - 15/7/24 at 8:31 AM - 11nd fl DOs - NonAc single - Rs 1850 (55)
DOD - 16/7/24 at 7:00 AM

Mr. GOPINATH
23/Male/MIIC202467663
15/07/2024/IPC2024001925
Dr. PRASANNA

Patient Name Mr. Gopinath J.O.A. 15/7/24 Time 8:31 AM

IP No. 1925/24

Room No. 11-NonAc-55

Rent Per Day Rs 1850

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>15/07/24</u>	OT No. :	<u>①</u>
Surgeon :	<u>DR. PRASANNA</u>	Start Time :	<u>2.30 pm</u>
I Asst. Surgeon :	<u> </u>	End Time :	<u>3.15 pm</u>
II Asst. Surgeon :	<u> </u>	Dis. Pack :	<u> </u>
III Asst. Surgeon :	<u> </u>	Diathermy :	<u> </u>
Anaesthetist :	<u>DR. ARTTI</u>	C-Arm :	<u> </u>
OT Nurse :	<u>REGINA, SRIMATHI</u>	Arthroscopy :	<u> </u>
Name of Surgery :	<u>① FOOT WOUND DEBRIDEMENT</u>	Laproscopy :	<u> </u>
		Sevoflurane / Isoflurane :	<u> </u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	<u>① AMP</u>
		Others :	

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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 :

LABORATORY

15/9/24	CBC, RBS, Urea, Creatin, LFT, Electrolyts $\Rightarrow$ 8727
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[illegible]