

1st floor - Generalward - Room No 13
Rs. 1500/-



Mrs. JAYAMALA
29/Female/MHC202468083
03/07/2024/IPC2024001817
Dr. VALLIAMMAL K

LING CARD

Patient Name _____

D.O.A. 3/7/24 Time 11:06 AM

IP No. 1817/24

Room No. I-13

Rent Per Day Rs. 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>3/7/24</u>	OT No. :	<u>(2)</u>
Surgeon :	<u>DR. VALLI</u>	Start Time :	<u>2:00 pm</u>
I Asst. Surgeon :		End Time :	<u>2:30 pm</u>
II Asst. Surgeon :	<u>DR. SASIKACA</u>	Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :	<u>DR. RAVI KEMAR</u>	C-Arm :	
OT Nurse :	<u>KAVI</u>	Arthroscopy :	
Name of Surgery :	<u>DIC</u>	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	<u>(1) Amp</u>
		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

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