



B/O.RAMYA M

O/Male/M11V202403441

04/07/2024/IPV2024000560

Patient Name, Dr.(MAJOR) SATHISH KUMAR

IP No.

Room No. Tuple Shady no 4ce - 3071

TRANSFER DET AILS

Rent Per Day 1000/-D.O.A. 04/07/24 Time 11:45pm

Date	Time	From	To	Sister Signature
04/07/24	11:45pm	Direct	wound.	11:50 pm

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
5/7/24	12am	06/7/24	3pm				

Single surface ~~OXYGEN~~ phototherapy

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/7/24	10pm	06/7/24	3pm	5/7/24	1am	06/07/24	3pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Others :

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