



TRANSFER CARD

II floor

Cage

Gen. ward - 89

D.O.A. 13/7/24 Time 1:25 PM

Patient Name _____

IP No. _____

Room No. _____

Rent Per Day 1800/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SCD PUMP

VENTILATOR

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 :

Date	LABORATORY
13/7/24	CBC, RBS, uric, creatinine, LFT, Electrolytes HBAIC / 8638
13/7/24	FBS, Lipid profile / 8658
13/7/24	Urine R/E, PPBS - 8664
13/7/24	urine C/S / 8677
14/7/24	FBS - 8689
14/7/24	PPBS - 8697
15/7/24	FBS - 8714
15/7/24	PPBS - 8731
16/7/24	FBS - 8756
16/7/24	PPBS - 8777

