



Patient Name

IP No.

Room No. Single Room Non Ac 313

Mr. K. KUPPAN

54/Male/M11V202403635

05/08/2024/1PV2024000670

Dr. A SANDOSH



ING CARD

06 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 05/08/24 Time 1.30 pmRent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/8/24	1.30pm	ER	WARD	Dr. E24/10014

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 :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/8/24	1.30PM	6/8/24	1.30pm				

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 THEATRE	
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