

Baby ward - 60 v,



Baby.DEVESH CHAVAN

Patient Name 6/Male/MIIC202470679

D.O.A. 5/8/24 Time 6:02 ^{pm}

IP No. _____ Dr. ARAVINDH RAJILA P.S

Room No. _____

Rent Per Day 1200/-

TRANSFER DETAILS

OPERATION THEATRE

MONITOR

INFUSION PUMP

OXYGEN

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

5/8/24

CBC, CRP ⇒ 9755

6/8/24

Urine Routine ⇒ 9775

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER	
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9755

ACT

NUMBERS

will

PHYSIOTHERAPY

Nil

OTHERS

NUMBERS

Ni

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