

14 AUG 2024

NG CARD

MH/ PRINT / 0007 / BILL / FO

14 AUG 2024

D.O.A. 09/08/24 Time 4:00pm



B/O.RAGHAMATHKANI TWIN 2

U.Female/MEV202403993

09/08/2024/1PV2024000681

Patient Name

Dr.SASIKALA

IP No.

Room No. NICU Bed-2

Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
09/08/24	4.10pm	OT	NICU	Jyothi
10/08/24	11am	NICU	Nursery ward	Jyothi

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
09/08/24	4.10pm	10/08/24	11am				

OXYGEN Water

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
09/08/24	4.10pm	10/08/24	11am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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[illegible]

[illegible]

