

14 AUG 2024



Patient Name

IP No.

Room No.

Mrs. SARAS.A

45/Female/M11V202404049

13/08/2024/IPV2024000693

Dr.K.GAYATHRI MD



ING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 13/08/24 Time 11.00 PM

Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/8/24	11.00pm	ER	WARD	Dr. E24/0014.
14/8/24	11.00am	Ward (315)	Ward (302-A) Non-Ac	R. BHE 0153

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	:	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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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I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

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

14/8/24

ECG (1807)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]