

17 AUG 2024



Mrs. KALAIYARASI

35 Female MHV202404078

16/08/2024/IPV2024000708

Patient Name

Dr. K. GAYATHRI MD

IP No.

Room No. Triple sharing Non Ac - 302

MH/ PRINT / 0007 / BILL / FO

ING CARD

17 AUG 2024

D.O.A. 16/8/24 Time 3.00 AMRent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	3 am	ER	ward (302)	Pm 4003

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

[illegible]