

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
-------------	-------------------

[illegible]

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

[illegible]**CBG****CBG**
$$24 \mid 8 \mid 24$$
[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]