



Patient Name

IP No. _____

B/O. NIVEDHA PRAKASH

O'Female: MHV202404236

24/08/2024/1PV2024000744

Dr. (MAJOR) SATHISH KUMAR



ING CARD

27 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 24/08/24 Time 11:00 pm

Room No. Nursery Ward - Crib Bed - 4

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

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

OPERATION THEATRE

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