



Mr. MURALI DOSS

61/Male/MIIV202404265

26/08/2024/1PV2024000749

Dr. K. GAYATHRI MD

Patient Name

IP No.

Room No. Twin Sharing AC - 318

ING CARD

28 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 26/08/2024 Time 9.30 AMRent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/8/24	9:30 AM	ER	ward	I.B. V. V. V.
26/8/24	4 PM	WARD (318)	ward 318 (MnAe)	S. Venkoba

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

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