

	Mr. MANI 66/Male/MLIV202404287 28/08/2024/1PV2024000756	NG CARD 31 AUG 2024	MH/ PRINT / 0007 / BILL / FO	D.O.A. <u>28/08/24</u> Time <u>10.56 AM</u>			
	Patient Name <u>Dr. K. GAYATHRI MD</u> IP No. _____						
Room No. <u>ICU-2</u>		Rent Per Day <u>3500/-</u>					
TRANSFER DETAILS							
Date	Time	From	To	Sister Signature			
28/8/24	11:55 AM	ER	ICU	<i>[Signature]</i>			
29/08/24	10:45 am	ICU	Ward	M. Asha 0031			
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
28/8/24	12pm	29/8/24	11:30 am				
OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/8/24	12pm	28/8/24	11:45 pm				
ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

[illegible][illegible][illegible]

28/8/24	1+1+1						
29/8/24	1+1+1+1						
30/8/24	1+1+1+1						
31/8/24	1+1						

[illegible]