



Patient Name

Mrs. AMIRIHAM

80/Female/M11V202404342

31/08/2024/1PV2024000770

Dr. KOMATHI



ING CARD

13.1 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 31/08/24 Time 1.10 Am

IP No. _____

Room No. 313-Single Room non A/C

Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/8/24	1.10 am	ER	Ward 313	SHW John 00008

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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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

CT Abdomen Plan (S352)

CBG

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PHYSIOTHERAPY

NEBULIZER

[illegible]