



B/O. JUNAITHA BEGAM

0'Male/M11V202404357

30/08/2024/1PV2024000759

Dr. SASTIKALA

IG CARD

31 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 30/08/24 Time 9:00pm

Patient Name

IP No.

Room No. NIWRent Per Day 3500/-

## TRANSFER DETAILS

| Date    | Time   | From | To  | Sister Signature |
|---------|--------|------|-----|------------------|
| 30/8/24 | 9:00pm | ER   | NIW | JM John          |
|         |        |      |     |                  |
|         |        |      |     |                  |
|         |        |      |     |                  |
|         |        |      |     |                  |
|         |        |      |     |                  |

## 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   | : | Laproscope               | : |
|                   |   | Sevoflurane / Isoflurane | : |
|                   |   | Inj. Fentanyl            | : |
|                   |   | Others                   | : |

## MONITOR

| Date    | Start  | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|--------|---------|------------|------|-------|------|------------|
| 30/8/24 | 9:20pm | 31/8/24 | 9:30am     |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |

## INFUSION PUMP

## Laproscope OXYGEN

| Date    | Start  | Date    | Disconnect | Date    | Start            | Date    | Disconnect |
|---------|--------|---------|------------|---------|------------------|---------|------------|
| 30/8/24 | 9:20pm | 31/8/24 | 9:30am     | 30/8/24 | 30/8/24 (9:20pm) | 30/8/24 | 11:30pm    |
|         |        |         |            |         |                  |         |            |
|         |        |         |            |         |                  |         |            |
|         |        |         |            |         |                  |         |            |
|         |        |         |            |         |                  |         |            |

## SYRINGE PUMP

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## VENTILATOR

## 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 |
|------|------------|

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