

Patient Name

Mrs. POONGAVANAM K

45/Female/MHI202485619

IP No.

04/09/2024:IP112024002053

Room No.

Dr. G. GNANAVELU

D.O.A. 04/09/24 Time 10:10 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
4/9/24	10:10	Admission	RI	
4/9/24	11:30	RI	CATH LAB	
4/9/24	12:10	CATH LAB	RL	

OPERATION THEATRE

Date	: 04/9/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 11:45
I Asst. Surgeon	:	End Time	: 12:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	Arthroscopy	:
Name of Surgery	: CAU	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		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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