

Patient Name _____

IP No. _____

Room No. _____

Mrs. VIJAYA.V.V
53/Female/MHI202485935
04/10/2024/1PH2024002342
Dr.G. GNANAVELU



D.O.A. 04/10/24 Time 10:47 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
4/10/24	10:49	Admission	RL	S2377
4/10/24	12:45	RL	CATH	
4/10/24	13:15pm	CATH CAB	RL	C. Dhanu 087

OPERATION THEATRE

Date	: 4/10/24	OT No.	:
Surgeon	: Dr. G. Gnanavelu	Start Time	: 13:00
I Asst. Surgeon	:	End Time	: 13:15pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RIN Bhavatharan	Arthroscopy	:
Name of Surgery	: CAT	Laprosocopy	:
		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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