



Mr. RAJASEKAR

30/Male/MHV202404829

26/09/2024-IPV2024000892

Patient Name

Dr. SOUNDARRAJAN

IP No.

Room No. Triple Sharing 301-ARent Per Day 1000/-**BILLING CARD****28 SEP 2024**D.O.A. 26/9/24 Time 10.30 AM**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
26/9/24	10.30 am	ER	ward (301)	<i>[Signature]</i>

OPERATION THEA TRE

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 THEA TRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

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