



D.O.A. 21/9/24 Time 12:21 PM

Rent Per Day 1200/-

Room N

TRANSFER DETAILS

[illegible]

OPERATION THEATRE

OPERATION	
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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect
		/	

INFUSION PUMP

[illegible]

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

27/9/24	X-Ray Chest AP	DUG	V-V-Path 3 2071
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CBG

DATE	NUMBERS	DATE	NUMBERS
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ABG

DATE	NUMBERS	DATE	NUMBER
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ACT

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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27/9/24	5						
28/9/24	4						