

(non ALC)

cash



D.O.A. 30/9/24 Time 12.11 AM

Rent Per Day 1,850/-

TRANSFER DETAILS

IP No. _____ Dr. ARTHI

Room No. _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

OPERATION THEATRE

OPERATION		OT No.
Date	:	Start Time
Surgeon	:	End Time
I Asst. Surgeon	:	Dis. Pack
II Asst. Surgeon	:	Dia.thermy
III Asst. Surgeon	:	C-Arm
Anaesthetist	:	Arthroscopy
OT Nurse	:	Laproscopy
Name of Surgery	:	Sevoflurane / Isoflurane
	:	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	:	Others

MONITOR

[illegible]

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

ALPHA BED			
Date	Start	Date	Disconnect

SCD PUMP

SCD PUMP		VENTILATOR	
Date	Start	Date	Disconn

VENTILATOR

Date	Discon

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
30/9/24	creatinine, widal slide, urea, Electrolytes, LFT, HBAIC (2158)
30/9/24	FBS (2168)
30/9/24	PPBS (2174)
30/9/24	urine complete (2178)
1/10/24	FBS (2220)
1/10/24	CBC (2229)
2/10/24	FBS (2267)
2/10/24	urine culture $\Rightarrow$ 2275
2/10/24	CBC = 2288
3/10/24	FBS $\Rightarrow$ 2326

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

[illegible][illegible][illegible][illegible]