

04 OCT 2024



Mrs. KAMILA PARVEEN

26/Female/MHV202404941

02/10/2024:IPV2024006929

Dr. SOUNDARRAJAN



Patient Name

IP No.

Room No. Single Room Ac-303

ING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 2/10/24 Time 7:30 pmRent Per Day 2200/-

## TRANSFER DETAILS

| Date    | Time    | From | To       | Sister Signature |
|---------|---------|------|----------|------------------|
| 2/10/24 | 7:30pm  | ER   | Ward 803 | S/N Jha          |
| 2/10/24 | 9:00pm  | WARD | OT       | 0128             |
| 2/10/24 | 10:30pm | OT   | WARD     | S/N Siva(0127)   |
|         |         |      |          |                  |
|         |         |      |          |                  |

## OPERATION THEATRE

|                   |                      |                          |                            |
|-------------------|----------------------|--------------------------|----------------------------|
| Date              | : 2/10/2024          | OT No.                   | : 2                        |
| Surgeon           | : Dr. Soundarajan    | Start Time               | : 9:40pm                   |
| I Asst. Surgeon   | : nil                | End Time                 | : 10:20pm                  |
| II Asst. Surgeon  | : nil                | Dis. Pack                | : nil                      |
| III Asst. Surgeon | : nil                | Diathermy                | : used                     |
| Anaesthetist      | : Dr. Suresh         | C-Arm                    | : nil                      |
| OT Nurse          | : Saraswathi / Geeta | Arthroscopy              | : nil                      |
| Name of Surgery   | : Lap. Appendectomy  | Laproscope               | : camera / monitor / Light |
| done by A         |                      | Sevoflurane / Isoflurane | : used 30mins              |
|                   |                      | Inj. Fentanyl            | : 1 amp used               |
|                   |                      | Others                   | : nil                      |

## MONITOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## INFUSION PUMP

## OXYGEN

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## SYRINGE PUMP

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## VENTILATOR

| 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 :                   |

[illegible]



**Medway Hospitals**®  
The way to better health

X / CT / MRI / DRP / BIO-DOPPLER

### TRANSFER MEMO

PATIENT NAME : Mrs. KAMILA  
PARVEEN

WARD : OT

TRANSFER TO : ward

DATE : 02/10/2024

ME : 10:30 pm

CBG

S

S/H Sivarajin (0127)  
TURE OF WARD SISTER

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

