

Patient Name **Mrs. RATHNA NANDHINI**

23-Female MIIC202475394

D.O.A. 3/10/24 Time 10.01 Pm

IP No.
Dr. MALINI

Room No.

Rent Per Day 11500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>4/10/24</u>	OT No.	: <u>12</u>
Surgeon	: <u>DR. Malini</u>	Start Time	: <u>8:45 AM</u>
I Asst. Surgeon	: <u>-</u>	End Time	: <u>9:30 AM</u>
II Asst. Surgeon	: <u>-</u>	Dis. Pack	: <u>-</u>
III Asst. Surgeon	: <u>-</u>	Diathermy	: <u>-</u>
Anaesthetist	: <u>DR. M. Ravi Kumar</u>	C-Arm	: <u>-</u>
OT Nurse	: <u>B/N. Regina, Yoga</u>	Arthroscopy	: <u>-</u>
Name of Surgery	: <u>LSCS</u>	Laproscopy	: <u>-</u>
		Sevoflurane / Isoflurane	: <u>-</u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others	: <u>Fentanyl</u> <u>1 Amp</u>

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

[illegible]

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

HB, BT, CT, RBS - 202412348

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

03/10/20

(76)

due

h'p. 10.83.

CBG

ABG

ACT

DATE

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Date

PHYSIOTHERAPY

5	10	24
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Karthika -PT

7/10/24

Karthika - PT

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DATE

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NUMBERS

3/10/24

neb 1 time

4/10/24

web 1 time

17/10/21

Net 1 time

5/10/24

Feb 2 Hm

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11111	1

Net 1 time

6/10/day

Feb 11th