

06 OCT 2024



Mrs.S. CHANDRA
74/Female/MHV202404957
04/10/2024:IPV2024000939

ING CARD

MH/ PRINT / 0007 / BILL / FO

06 OCT 2024

D.O.A. 04/10/24 Time 4.40pm

Patient Name

Dr.K.GAYATHRI MD

IP No.

Room No. Triple Sharing Nonac - 302-B

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/10/24	4:40pm	5P	302 Ward	S/N 210 0128

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 :

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

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