

Femily Wellness Hospital

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- Q. (+91) 9892772233

				ACTIVITY R	FCORD	CARD								
				ACTIVITI N	LCOND	CARD								
ROOM/BED NO.		NAME OF 1	THE PATIEN	NT	RE	G. NO.	AG	E/SEX		DOCTOR INCHARGE				
	DED TDA	NSFER DET	- A II C						CTEN	ITC / NADLA	NTS DEVICE			
	DED INA		AILS	1					31EIN	113/ WIPLA	=			
		TAILS OF SU	JRGERY						DESC	RIPTION	OF SURGER			
SURGEON'S NAME	·• 													
ANAESTHETIST: ASSISTANT SURGE	ON.													
OTHER DOCTOR:	ON:													
OTTER BOCTOR.	OX,	YGEN				VFN	TILATOF							
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	PUI	SE OXYME	TER					BIPA	۱P					
				CVDINI	G PUMPS	<u> </u>								
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В	LOOD GAS (A	ABG)					NE	NEBULIZER						
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ALPHA BED USEI	NOKN) כ	1AL/SPECIA	AL)											

GLUCOME ⁻									ER											RBS			
PAT								ГНО	LOG	Υ													
PROCEDURES											OTHERS/INVESTIGATION												
EMERGENCY DOCTOR VISIT								1		PHYSIOTHERAPY													
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	1																						
CONSULTANT VISIT																							
D.ET																							
DIET																							
CHECKED BY DATE/SIGN		DA	DATE/SIGN		DATE/SIGN		DATE/SIGN		DATE/SIGN			DATE/SIGN			DATE/SIGN								
STAFF NURSES																							
WARD INCHARGE																							
OPERATIONS																							
NURSING INCHARGE																							