

Name Age/Gender Mobile No Address	Branch Case No: Date: Ref By:
--	--

### Anaesthesia Records

Review of Investigations		Pre Operative
Review of Medications		
Clinically RS		
Clinically CVS		
Remarks		

	Pre Op	Intra Op	Post Op	Vitals
Pulse (per minute)				
BP (mmHg)				
SpO <sub>2</sub> (%)				
RBS (mg/dL)				
Others				
Remarks				

Anaesthesia	Medications	Complications	Surgery

Advise	Post Op Medicines Prescribed	Remarks	Post Operative

	Anaestheti
--	------------