EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL
PEENYA, BENGALURU - 560 022.

ISO 9001 : 2015 CERTIFIED

'QSP/ESICHP/F-34

..... ELECTIVE O.T. CASE LIST FOR THE DATE OF .....

Sl No.	Name of the Patient	Age/Sex	WARD	I P Number/ MRD Number	Diagnosis	Proposed Surgery	Type of Anesthesia
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

HOD OF ANAESTHESIA

HEAD OF THE DEPT.

Copy To
- M.S. Office
- Anaesthetist (HOD)
- O.T. Dept.
- FMW
- MMW