Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023451 **Admit Date** : 01-Jul-2026 **Admit Time** : 06:33 AM **UHID** : HCV-00032964

Patient Details :

Patient Name	: Mrs D PRIYANKA	**Age**	: 35 Y 9 M 19 D
Guardian	: Mr MAHESH RAJU	**DOB**	: 12-09-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Chitti Valasa Vishakhapatnam Andhra Pradesh INDIA 531162	**Phone No**	: 9603679799/
		E-mail	: no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : DC 211 **Ward Name** : 2F-SECOND FLOOR

Room No : DC 211 **Admission Type** : First Visit

Contact Details :

Name : Mr MAHESH RAJU **Relationship** : W/O

Contact Address : Chitti Valasa Vishakhapatnam Andhra Pradesh INDIA 531162 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. CHUPPANA RAGA SUDHA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name: MS. Priyanka

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

UHID No :.....IP No :.....Consultant :.....

Date of Admission :.....Time:.....Date of Discha

Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/7/26	8:40 Am	MICU	OT-II	Jayam
01/7/26	10 Am	OT-II	MICU	Jayam

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by Rudu

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

Cross checked by

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/7/26	BGT	26014017	

Cross checked by Resident

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
01/7/26	IV placement PAC done Hystreroscopic polypectomy Under GA done By Dr. Rageshudha Dr. Saroja Time in: 8:40AM Time out 9:40AM	1	2668 2669	Rudy

Cross checked by Rudy

ANY OTHER INFORMATION

- Sivoflorin used 1hour
- Resectoscope used 45 min's.

Date: 01/7/26 Time: 2pm Prepared By: Rudy

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sridevi	MICU		

HCV-00032984 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 1/7/26 at : 6:40 Am

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others, specify MICU

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others, specify

Do you require an interpreter? ☐ Yes ☐ No if Yes specify

Source of Information: ☑ Patient ☐ Family ☐ Others, specify

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Chief Complaints: for Hysteroscopic Excision of Submucous fibroid.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nithath

Time Notified: at : 6:45 Am

Past Medical History: Obtained From ☑ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	NO	NO

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 15 Yrs

Onset of Menarche: 3-5 days

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 16/6/26

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: NO.

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension (Father) ☑ Diabetes (Mother) ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other Thyroidism

Vital Signs / Measurements: Temp: 98 F HR: 80 bpm RR: 20 b/m

BP: 117/79 mm/hg Weight: 78 kgs Height: 150 Cms BMI: 29.68 kg/m2

Pain Assessment: **Pain:** ☐ Yes ☑ No (If Yes, complete the Pain Assessment / Reassessment Form)

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☑ No Score ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☐ Yes ☑ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Priyanka .....

Orientation not given Reason: ..... — .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..... 01/7/26 at. 6:42

HCV-00032984 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 01/07/2026 Time of Admission : 6:30 Am

Allergies : Nil ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

trying to conceive since 3 years.
Considered evaluation for the same.
- semen analysis : Normal.
- Saline infusion sonography (13/8/2025)
  uterus retracted
  endometrial cavity submucous fibroid - 1.2 x 0.9 cms
  anterior wall fundus of uterus - (FIGO - stage-1)
- Rt fallopian tube free spilling not seen
- Lt fallopian tube free spilling seen.

(13/12/25) ET scan: 9.9 mm.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2023	Parity : Nulligravida.
Previous Periods : Regular / 5d / 30d cycle	Mode of Delivery: (2-3 cycles of ovulation induction by HCG - failed)
LMP : 16/06/2026.	Last Child Birth:
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Nil

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

	MEDICATION HISTORY:
Nil	Nil

INITIAL ASSESSMENT:

Date 01/07/2026	Breasts	Local / Speculum Examination
Ht. 161 Wt. 78.4	B/C Breast self	⊖
BMI 30.06 Kg/m2		Bimanual Pelvic Examination
B.P 116/76 mmHg		⊖
Pallor ⊖	Abdominal Examination	
CVR S1S2 ⊖	⊖	
Respiratory System Normal vesicular BS		
Thyroid Not enlarged		

PROVISIONAL DIAGNOSIS : 35y/F / Primary infertility / ACB - L

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
CBC (17/6/2026): Hb - 10.8 gldL PCV - 34 Vol% WBC - 13,320 cells/cumm PLT - 3.6 L/cumm. HIV, HBsAg, HCV } non reactive BgT → 'B' Negative	① Admission ② NBM till further orders ③ consent for the procedure ④ Pre anesthetic checkup ⑤ monitor vitals inform SOS Send Blood grouping & typing Plan - Hysteroscopic - Submucous fibroid removal

Name of the Doctor : Dr. Nisha

Signature of Doctor Nisha.

Date & Time :

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
1/7/24		Immediate post op Noty
10:00am		POD-0 / Hysteroscopic polypectomy
		Adv
		GC: Fair — 1) NBM x 6 hours
		Afebrile — Allow oral sips @ 4:00pm
		BP: 120/80 mmHg — Allow sft diet @ 5:00pm
		PR: 60/min — 2) IVF 2 DRL, 2 DNS, 1 DNS @ 100ml/hr
		RR: 16/min
		HIL: No abnormality detected — 3) Tab: T. AZITHROMYCIN 500mg PO x 5 days
		P/A: soft
		P/G: No active bleeding — 4) T. PANTOP 40mg PO x 5 days.
		5) T. ALECLOPLUS 500mg PO S.O.S
		6) Wd active bleeding.
		7) Monitor vitals
		8) Inform S.O.S
		G. Nikitha
		noted by Rudra

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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RESULT SHEET

Ref. No. : F / HW / RS / INPR / 17

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

Patient Name : .....
Age : ..... Ge .....
I.D. No. : ....

Date	17/6/26					
Time	07 BAM					
Hb	10.8%					
PCV						
RBC						
WBC						
N/L						
Platelets	3.6L					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HIV HBsAg HCV	NR					
BGT	B-ve					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : ..... HCV-00032964 Mrs D PRIYANKA IP22-00023451 Age : .....

Gender ☐ M ☐ F - Hospital 12-09-1990 35 Y 9 M 19 D (F) .....

Consultant : ..... Dr. CHUPPANA RAGA SUDHA .....

Date of Admission : .....

DRUG ALLERGIES : NO

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.

1) Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
500mg	p/o	24th hly	1/7/20

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	p/o	24th hly	1/7/20

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

VARIABLE DOSE	Date ▶							
	Time ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

VARIABLE DOSE	Date ▶							
	Time ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼		Nurse Sig. ▼
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
1/7/26	7:40A	Inj. PARIM	1g	IV		Usha Gaikwari
1/7/26	7:40A	Inj. PANTOP	40mg	IV		Usha Gaikwari
1/7/26	7:40A	Inj-ONDEN	4mg	IV		Usha Gaikwari
1/7/26	7:30A	Tb MISOPROSTOL	400mcg	PR		Usha Gaikwari
1/7/26	9:10AM	Inj: PARACETAMOL	1g	iv		Rudra Sujan
1/7/26	9:20AM	Inj: TRANEXAMIC ACID	1g	iv		Sujan Rudra

HCV-00032964 IP22-00023451
Mrs D PRIYANKA
12-09-1990 35 Y 9 M 19 D (F)
Dr. CHUPPANA RAGA SUDHA

	I.P. No.	Sheet No.	Wards	Weight (kg)

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
1/7/26	8:45 AM.	RINGER LACTATE	iv	500ml/hr	S		01/07/26	S	
1/7/26	9:30AM	① NS ~~RINGER LACTATE~~	iv	100ml/hr	S		01/7/26		
1/7/26	12pm	1 ORL	IV	100ml/hr	S		2pm		
		1 ONS	IV	100ml/hr	S				
		1 ORL	IV	100ml/hr	S				
		1 ONS	IV	100ml/hr	S				
		1 ONS	IV	100ml/hr	S				

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OPERATION THEATER NOTES

Patient's Name: Mrs. D. Priyanka Age: 35yr Gender : M ☐ F ☑

UHID : HCV-000 32964 I.P. No. 2347 Weight:

Surgeon: Dr. Raga Sudha / Dr. Saroja	Asst. Surgeon: Dr. Krupashika
Anesthetist: Dr. Mohan	OT Nurse:

Surgical Procedure: Hysteroscopic polypectomy

Indication for Surgery: (Submucous fibroid) Primary infertility / AUB-L

Date: 11/7/26	Start Time: 8:40 AM	End Time: 9:40 AM

PRE-OPERATIVE PREPARATION

1) Inj. TAXIM 1gm IV
2) Inj: PANTOP 40mg IV
3) Inj. ONDEM 4mg IV

OPERATION NOTES :

↓ strict aseptic conditions, parts painted and draped.
→ ↓ GA; in Lithotomy position, anterior and posterior wall vaginal retracted with Sim's speculum
→ Anterior lip of cervix held with sponge holding forceps.
→
→ uterine sound passed and uterocervical length measured.
→ cervix dilated with series of Hegar's dilators. Proceeded to Hysteroscopy.
→ Hysteroscope passed :

Intraoperative findings:

a) Fibroid polyp of size 2cms arising from anterior wall of uterus
b) (Rt) ostia could not be seen
(Lt) ostia appeared stenosed
c) Endometrium healthy.

→ Polyp was resected with resectoscope.
→ Hemostasis secured.

Specimen sent for histopathological examination.

POST - OPERATIVE ORDERS:

IVF < 20RL / 2DNS / 1DNS } @100 ml/hr.

1) NBM x 6 hours
   Allow oral sips @ 4:00pm
   Allow soft diet @ 6:00pm
2) T. AZITHROMYCIN 500mg plo x 5days
3) T. PANTOP 40mg plo x 5days
4) T. ACECLOPLUS 500mg plo S.O.S.
5) Wt bleeding actively
6) Monitor vitals
7) Inform S.O.S

G. Nikith

Dr: Raga Sudha
Consultant Surgeon's Name

Consultant Surgeon's Signature

Date: 11/1/26 Time: 10 AM

KMV-00014159 IP22-00023449
Mrs MALLA SAI PALLAVI
21-11-2000 25 Y 7 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES

PREANAESTHETIC EVALUATION

Date: 1/7/26 Time: 6:30 Am Name: D. Priyanka

Proposed Operation Hysteroscopic polypectomy Age: 35y 9m

Preoperative Diagnosis Endometrial polyp. Sex: Female

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status 1 2 3 4 5	I.P. No.
116/77 mmHg	74bpm	16/min	Afebrile		78 Kg		

LABORATORY DATA

Hgb	10.8	Glucose		Protien		HIV		X-ray	Other:
PCV		Urea		Alb		HBS Ag	NR	ECG	
WBC		Creat		Total Bill		HCV		2D Echo	
Plate	3.65 L/mm³	Na		Dir. Bill		Blood group		Stress/Anglo	
PT		K		LDH		Other			
PTT		Ca++		Alk phos					
INR		Mg++		Amylase					

Allergies: (-). Dust allergy (+)

Medical History: (-). CVS: S1S2 (+) M0. No c/o URTI.

RESP: B/L AE (+).

CNS: Conscious, coherent Diabetes: -

Renal:

Hepatic / GE: (N).

Others:

APD+/- -

Past Anaesthetic History: (-).

Physical Exam P-I-C-CL-E-

Airway MP 1 2 3 Mouth Opening 3 Fingers. Mentohyoid Distance: (N) Neck: movements adequate Teeth: (N)

Lungs:

Heart: (N).

CNS: Pupils: B/L reactive E V M 15

Others: Pallor : +/- - Venous Access Site: + Spine Exam for regional: N.

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT LMP YES/NO

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form:
3. Informed Consent Standard / High Risk

BGT:

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: Sa02 :

R.R.: Last Feed Solids - 9Am liquids - 6am

B.P./C.T.Y.:

Signature:
Dr. Aneeja

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Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

ANAESTHESIA CHART

PRE-OP DIAGNOSIS Endometrial polyp · OPERATION · hysteroscopic polypectomy · Date 1/7/2026

SURGEON Dr. Rajashudha · ANAESTHESIOLOGIST Dr. S. Mohan

ANAES	#1	Start 8:45AM	End	Cons. Sig	Res	PHYSICAL STATUS
CARE	#2	Start	End	Cons. Sig	Res	PT IDENTIFIED ☑ CONSENT PRESENT ☑ CHART REVEIWED ☐
TEAM	#3	Start	End	Cons. Sig	Res	LAST PO INTAKE 6am ·

TIME	8:45	9	9:30AM	11:45AM
N, O/AIR/O, LPM	O2/Min →			
HALO/ISO/SEVO	MAC 0.9 →	→		
DRUGS:				
Inj MIDAZOLAM	2mg IV.			
Inj FENTANYL	100µg IV			
Inj PROPOFOL	150mg IV			
Inj GLYCOPYRROLATE	0.2mg IV			
Inj ROCURONIUM	40mg IV			
Inj PARACETAMOL	1g IV			
Inj TRANEXAMIC ACID	1g IV			
FIO2 / SaO2	100	100	100	100	100
ETCO2	32	36	35	36	32
ECG	SR	SR	SR	SR	SR
CVP / Wedge					
Urine					
EBL					
FLUIDS / BLOOD	RL @ 300ml/hr				RL

NOTES

ANASTHESA X
START FINISH
I INTUBATION
P PREP
O - OP START
O - DP END

B.P
V SYSTOLIC
DIASTOLIC
X MEAN
* HEART RATE
Tourniquet up T
Tourniquet down T
RESP
O Spont O
AR Assisted O
CR controlled
RATE

TV
PIP
PEEP

240 220 200 180 160 140 120 100 80 60 40 20 10 0

TEMP CET (T)
42° 41° 40°9 38° 37° 36° 35° 34° 33° 32° 31° 30°

☑ EQUIPMENT CHECKED AND FUNCTIONAL
☑ BP
CUFF SITE (R) Hand
ART SITE
☑ EKG LEAD
☐ TEMP SITE
☑ FIO2 MONITOR
☑ AGENT MONITOR
☑ PULSE OXIMETER
☐ PA OXIMETER
☑ CAPNOGRAPH
☑ VENTILATOR
☐ NERVE STIMULATOR

POSITION Lithotomy
☐ PRESSURE POINT CKD

EYE CARE
☐ OINT
☑ TAPE
☐ PADDING

TEMP
☐ HUMIDIFIER
☐ BLD WARMER
☐ LIGHTS
☐ HEATERS
☐ HUGGER'S
☐ BLANKET
☐ OTHER

LAB VALUES
COMMENT/SYMBOL
TIME
PH
$PACO_2$
PaO_2/FIO_2
HCO_3/BE
Na/k

TIMES
ANAES START 8:45AM
OP START 9:00AM
OP END
LEAVE OR 9:30AM
END ANAES 9:40AM

☑ GENERAL
☐ MAC no DRUG
☐ MAC with DRUG
☐ REGIONAL ☐ LOC BY SURG ☐

LINE (SIZE & LOCATION
☐ CVP
☐ PA
☐ ART
☑ IV (R) Hand 20G
☐ IV
☐ IV

INDUCTION
IV ☑ INHAL ☑ RECTAL ☐
IM ☐ OTHER ☐
PREO. ☐ CRICOID PR ☐

MASK ☐ ☐ LMA
AIRWAY ORAL ☐ NASAL ☐
ETT# 7 at 19 cm
ORAL ☑ NASAL ☐ CUFF ☑
TRACHEOTOMY ☐
TOPICAL ☐ DRUG ROCURONIUM
% ml
TRANSTRACHEAL ☐
DRUG % ml
AWAKE ☐ RAPID SEDQUENCE ☐
DIRECT VISION ☑ BLIND ☐
FIBEROPTIC ☐ STYLETTE ☐
BLADE# ATTEMPTS
DIFFICULT WHY?

BILAT = BS ☑
SEMICLOSED CIRCLE ☐
CLOSED CIRCLE ☑
NON REBREATH ☐
AYREST PIECE ☐

REGIONAL
EXTREMITY
SPECIFY
SPINAL
EPIDURAL CAUDAL
CATHETER
PUMP
OTHER
SITE
NEEDLE SIZE DEPTH
PARASTHESIA YES NO
CATHETER AT SKIN (CM)
DRUG / DOSE
TEST DOSE
ANAES LEVEL
COMMENTS

TRANSPORTATION TO PACU ☐ ICU ☐ OTHER ☐
RELAXANT REVERSED YES ☐ NO ☐
TRAIN OF 4 TET HEAD LIFT

SIGNATURE

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POSTANAESTHESIA CARE UNIT RECORD

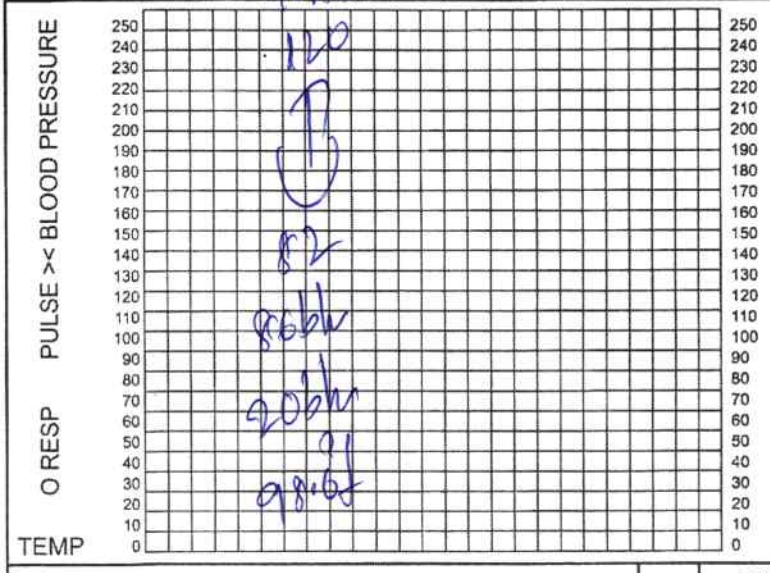
Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General ☑ Epidural ☐ Spinal ☐ Other Regional ☐

Anaesthesiologist : Dr. mohan Surgeon : Dr. Rogasudha Procedure : Hysteroscopic polypectomy

Received in PACU by : pavani Time in : 10 Am Time Out : Discharge

10 Am



Pre-Op BP	INTAKE/OUTPUT		IN	OUT
OR BP	Emesis		—	—
	Gastric Suction		—	—
	Voided		—	—
O_2	Urinary Catheter		—	—
	Chest Drainage		—	—
Begun	Wound Drainage		—	—
	Recovery Room Blood Given		—	—
Ended	PO FLUID		—	—
	IV FLUID		Yes	Yes
Method	TOTAL		—	—

O2: Mask : NO Nasal Prongs : NO Ventilator : NO
Cannula : Yes Trach Collar : NO T-Place : NO
Always : NETT NO TRACH NO NASAL NO
OETT NO ORAL NO

POST ANAESTHESIA SCORE		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 2	ACTIVITY		2	2	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION		2	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION		2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS		2	2	2	
Pink = 2 Pale, dusky, blotchy, jandiced, other = 1 Cuanotic = 0	COLOR		2	2	2	
	TOTAL		10	10	10	

SCORING INTERPRETATION

A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE.

EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia
			2. Analgesia
			3. Fluids
			4. Anti Emetics
			5. PCA/Epidural/ I.V. Infusion
			6.

Evaluated and discharged by : Dr. mohan

Discharged by : (Nurse) Rudu

Transferred to Unit by Rudu

Received on Unit by Discharge

Patient ID :

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Date : Time: **Procedure done by:**

CSE/Spinal/Epidural Position: Speace: Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts:

Parasthesia : Yes/No if yes details :

Any other Issues:

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments

Deliver Details : Time: APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Discharge / Shifting ordered by (Name, Signature, date and time)

Ref. No. : F / HW / CON / ANES / 02

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : D. Priyanka Age : 35Y

Gender : M☐ F☑ - IP No : 23451 Consultant : Dr. Ragavendra

Ward / Bed No. : D/C Anaesthesiologist : Dr. Dhanaja

Operative procedure planned : Hysteroscopic polypectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of event and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing week solutions of local anaesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctor have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : Hemodynamic instability

Comments :

Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient D. Priyanka the above mentioned operation I Diagnostic I Therapeutic procedures Hysteroscopic polypectomy

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anaesthesia / ☐ Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient Attendant :

Signature : .....

Name : Mahesh Rajes

Relationship with Patient : Husband

Date & Time : 01/2/26, 6:00 AM

Witness :

Signature : .....

Name : B. Sridevi

Date & Time : 01/2/26, 8 AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. S. Mohan

Date & Time : 1/2/2026, 8:00 AM

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Informed Consent for Surgery or Special Procedure

Patient Name : D. Priyanka Age : 35 Gender : F

UHID / IP No: HCV-D0032964

INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

1 hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms)..... Hysteroscopic Polypectomy upon .....
(Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

1 have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

1 have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, infection, injury to uterus, bladder, urethra, cervix, Hemodynamic instability

My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee:
Signature : Priyanka
Name: Priyanka
Date & Time : 01/6/2026

Relative
Signature :
Name: Mahesh sayu
Relationship with patent : Husband

Witness:
Signature :
Name: B. Sridevi
Date & Time : 01/6/26 at 8 A

Signature : Nisha Name of Doctor : Dr Nisha
Date & Time : 01/06/2026

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CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 01/7/2026

DEPARTMENT: Gynic.

NAME: Mrs. Poriyarta

UHID / I.P.NO.: HCV -00032964

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE: Hysteroscopic Polypectomy

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE;

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE

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Ref.No. F/OT/05

SURGERY DETAILS

Sl.No.

Date: 01/07/2026

Patient Name : mrs D. priyanka Age: 35y Sex: F

UHID No. : Hcv-00032964 IP No: 23451

Date of Surgery: 01/07/2026 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3 ☐

Name of the Surgery : Hysteroscopic polypectomy

Time in: 8:40 Am Time Out : 9:40 Am

	NAME	AMOUNT
1. Surgeon	Dr. Raga Sudha	:
2. Anaesthetist	Dr. mohan	:
3. ~~Asst.~~ Surgeon	Dr. Saroja	:
4. OT Technician	Srinivas	:
5. Circulating Nurse	Divya	:
6. Asst. Nurse	pavani	:

Special Equipment: ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C-ARM ☐ Cystoscopy

→ Resectoscope used.

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 2668/2669 Ordered by: Rudy

Ref. No F/CONB/SUR/OT/02

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CONSUMABLES OF OT - (2)

Patent Name : D. Priyanka Age: 35Yr

Gender M (F) UHIS /IP NO. HCV - 32964

Date : 01/07/26 Time :

Circulating Staff: ..... Technician: Srinivas

Anaesthesia Disposables	Qty. Issued	Qty. Used	Surgical disposables	Qty. Issued	Qty. Used	Disposables (Baby side)	Qty. Issued	Qty. Used
ET tube 7.0 Cuffed		01	Major Pack			Inj. Vit.K		
LMA 6.5 cuffed		01	Sutures			Cord clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		05				Vaccum Suction Set		
05 cc		03	Gloves PF 6.5		01	Surgical Gloves		
02 cc		02	Sgl 6.5		03	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		01	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml	1+	02	Koochies					
100CM EX 3way		01	Ointments					
D/water		05	Suction Catheter					
Fentanyl			Cap. Mask 5+5		10			
Morphine			Gauze Pack					
Ketamine			Mop Pack			proto Gowns - 03		
Propofol •		03	Steristrip			D/Aprons - 02		
Rocuronium		01	Underpad		02	3.Lit NS - 04		
Glycopyrolate		01	Draw Sheet					
Myopyrolate		02	Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
• O2 Mask (A)		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet		01			
Tab. Misoprost : 200mg			Betadine Solution		01			
PCM		01	Microshield					
Adrinaline		01	Cotton Balls					
Atropine		01	Latex Gloves		16			
Tranaxamic		02	Ramdione Scrub					
			Saral					

Surgeon Dr Ragahudha Anaesthesiologist Dr Mohan Nurse Pavani OT Technician

Order No: 92698/2722 Ordered by: Pavani

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023451	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs D PRIYANKA	**Bed Name**	DC 211
Age/Sex	35 Y 9 M 19 D / Female	**Order No**	22-0000692698
Date	01/07/2026 11:18	**Prescription No**	PRIP22-0292788
Payor	SELFPAY	**Dispensed Date**	01/07/2026 11:41
UHID	HCV-00032964		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ADROGLARE(ADRENALINE) INJ 1MG 1ML	SWISS CRITICURE	H1	AGI7O	10/26	1	13.05	13.05
2	ATROPINE INJ1ML	HINDUSTAN LABS		AS1458	05/27	1	4.50	4.50
3	BED SHEET (PLASTIC)	Mediblue	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
4	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO003	10/27	2	73.23	146.46
5	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	2	135.00	270.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	5	28.13	140.65
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	3	21.56	64.68
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	5	2.71	13.55
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
11	ET TUBE - 7.0 MM WITH CUFFED REBELLE		GENERAL	ET25H28	07/30	1	380.00	380.00
12	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26C010505	02/31	1	525.00	525.00
14	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
15	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350491	11/27	2	140.20	280.40
16	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
17	NS 1000ML STERIPORT AMANTA		H	60650395	11/28	2	98.65	197.30
18	NS 3 LTRS BOTTLE	Aculife Health Care Pvt.Ltd(Nirlif		1D262151	03/28	4	750.72	3,002.88
19	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
20	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	3	450.00	1,350.00
21	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	R2C260597	02/28	1	737.08	737.08
22	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261155	01/29	1	69.39	69.39
23	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491036	08/27	1	1,010.00	1,010.00
24	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3	91.00	273.00
25	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
26	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	1	140.00	140.00
27	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP250O3	06/27	1	15.50	15.50
28	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26E140032	04/29	2	170.00	340.00
29	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
30	VEIN-O-LINE 100CM ROMSONS	ROMSONS		G26B010729	01/31	1	442.00	442.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023451	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs D PRIYANKA	**Bed Name**	DC 211
Age/Sex	35 Y 9 M 19 D / Female	**Order No**	22-0000692698
Date	01/07/2026 11:18	**Prescription No**	PRIP22-0292788
Payor	SELFPAY	**Dispensed Date**	01/07/2026 11:41
UHID	HCV-00032964		

Total :	**6,573.06**	**11,260.48**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY VEMPADA

Printed Time : 01-07-2026 11:41

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
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INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023451	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs D PRIYANKA	**Bed Name**	DC 211
Age/Sex	35 Y 9 M 19 D / Female	**Order No**	22-0000692722
Date	01/07/2026 12:02	**Prescription No**	PRIP22-0292796
Payor	SELFPAY	**Dispensed Date**	01/07/2026 12:37
UHID	HCV-00032964		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
2	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26C040150	02/31	1	460.00	460.00
						Total :	**529.10**	**529.10**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY VEMPADA

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023451	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs D PRIYANKA	**Bed Name**	DC 211
Age/Sex	35 Y 9 M 19 D / Female	**Order No**	22-0000692746
Date	01/07/2026 12:58	**Prescription No**	PRIP22-0292800
Payor	SELFPAY	**Dispensed Date**	01/07/2026 13:06
UHID	HCV-00032964		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ET TUBE - 6.5 MM WITH CUFFED-HELMIER		General	23EL23J	11/28	1	318.75	318.75
2	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
						Total :	**387.85**	**387.85**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Receiver Name