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 : IP22-00023429 **Admit Date** : 29-Jun-2026 **Admit Time** : 10:52 AM **UHID** : KMV-00013170

Patient Details :

Patient Name : Mrs UZMA SYED
Guardian : Mr MUKAMMAD HASIM
Gender : Female
Occupation :
Address (H) : Allipuram Vishakhapatnam Andhra Pradesh INDIA 530004

Age : 28 Y 2 M 10 D
DOB : 19-04-1998
Religion :
Martial Status :
Phone No : 8297249868/
E-mail : uzma.syed1990@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PRI 303 **Ward Name** : 3F-THIRD FLOOR
Room No : PRI 303 **Admission Type** : First Visit

Contact Details :

MUHAMMAD HASHIM

Name : Mr ~~MUKAMMAD~~ HASIM **Relationship** : W/O
Contact Address : **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 : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name:---------- KMV-00013170 Mrs UZMA SYED IP22-00023429
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

UHID No :..... .Consultant :.....Dept.:.....

Date of Admissic .....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	11:40Am	MICU	303	Parvani
29/6/26	3pm	303	MICU	Diya
29/6/26	8:00pm	MICU	LDR - I	Usha
29/6/26	9:50pm	LDR - I	MICU	Usha
29/6/26	10:30pm	MICU	303	Usha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmai	29/6/26	2238	Diya
2.	Prathyusha Samuel	30/6/26	2499	Kalayani
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

orders checked by me

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Syringe pump	29/6/26 @ 4pm	29/6/26 at: 9:40pm	692311	[illegible]

[illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/26	NST (-) @ 9:30 Am	7205 ✓	Audir
29/6	NST (1) 1:45 pm	7224 ✓	Diya
29/6/26	NST	7251 ✓	Ucha

Cross checked by [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/26	IV placcat	(1)	2239	Durga
29/6/26	Epidural charges		692390	
29/6/2026	NVD Done by Dr. Ragavidha under ↓ Epidural ↓ L/A		692325	
	In time: 8:00pm			
	Out time: 9:00pm			
			Gloves checked by nurse	

ANY OTHER INFORMATION

Date: 1/7/26 Time: 1 Pm Prepared By: mahalshi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
mahalshi	3rd floor M. Cayet 1/7/26 10:27 Am		

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints : c/o leaking plv
1: 6:30am on 29/6/26

Obstetric Formula : prim^{i}

Obstetric History: prim^{i}

LMP : 29/9/25 EDD: 6/7/26

Corrected EDD: GA: 39 weeks

Menstrual History : Regular : ☑ Yes ☐ No 5/28days

Obstetric Examination ML: lycor, NCM

Fundal Height - term

Ut. Activity: ☐ Relaxed ☑ Mild (2c/25sertomin) ☐ Mod ☐ Severe

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others_____

Head Fifths Palpable 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record
→ spontaneous conception
→ Immunised
→ Antenatal checkups.

RISK FACTORS:

Nil

Per Speculum Examination (-)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liqour: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced (30–40%) ☐ Effaced

Os: Closed_____ Dilated 2.5cms

Membranes : ☐ Present ☑ Absent

Liquor : ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height :.....153.....cms

Weight..85.80....kg

Allergies :.....(-).....

Breast ☑ Normal ☐ Abnormal

General Examination:

Consciousness : (+)

Icterus : (-)

Temp: Afebrile

BP: 130/82 mmHg

CVS: S1S2 (+)

Liver / Spleen : NAD

Pallor: (-)

Edema: (-)

PR: 72/min.

DTR: (+)

RS (N) Vesicular breath sounds

Urine Output: Normal

SLCAN

DIAGNOSIS

Primigravida | 39 wks | PROM (@ 6:30am) | for SPOL.

(P.T.O)

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

Family History	Surgical History
Mother: DM, HTN Father: DM.	Nil
Medical History:	**Medication History:**
Nil	Nil
Plan of Care:	**Investigations :** BGT → B+H
1) ~~Admission~~. 2) part preparation. 3) consent for vaginal birth 4) CTG with hourly monitoring. 5) FHR monitoring every 30 mins 6) w/H uterine action. 7) w/H labour progression. 8) Monitor vitals 9) Inform S.O. 10) Inform if fever, tachycardia, foul smelling discharge 11) Steel pad & observation next CTG @ 1:30pm.	27/5/26 Hb: 10.3gm/dl plt: 2.68lakhs HBsAg, HCV Ab, HIV, RPR — Non-Reactive. 10/6/26 : SLIUG → 36w 2days Presentation: cephalic placenta: posterior AFI : 12.7 EFW: 2.782Kgs (44-1.1k) single loop of cord around neck Mean Uterine artery PI: 0.435 (<5 th centile)

Doctor Name: Dr Nikita
Signature:
Date & Time: 29/6/26 ; 10:30 am

Consultant Name: Dr Chuppana Raga Sudha
Signature:
Date & Time: 29/6/26 ; 10:30am

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/5/26 @ 9:20Am

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others, specify mlm

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: leaking p/v.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nikhitha

Time Notified: 9:25 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: 3-5 days

Onset of Menarche: 13 years

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 29/9/25

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 primi P ..... L ..... A .....

Previous LSCS: No

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

Family History: ☐ No Abnormalities Detected mother.

☐ Heart Disease ☑ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6°F HR: 72 b/m RR: 20 b/m

BP: 130/82 Weight: 85.9 kgs Height: 153 cm BMI: .....

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

(P.T.O.)

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..23.. (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. uzma syed..

Orientation not given Reason: ..-..

Nurse Signature: .....

Nurse Name: ..Parvin..

Date & Time: ..29/6/26 @ 9:22 AM..

Ref. No. : F / HW / PGN / INPR / 15

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/06/2020	3:10pm	C/S / By Dr. nikhat (Reg)
		Dr Soumya (Pg) / Dr nikita (Pg)
		primi c̄ 39 wks pog c̄ single loop around neck c̄
		PROM :: 6:30Am in latent labor for spon
		PAFM ⊕
		Rx
		GC: no pain
		Afebrile — 1.) DFMC/ up
		Bp - 110/70 mmHg — 2) cont FHR Ⓜ
		3) CTg Ⓜ 4th hrly
		PR: 84 bts/m — 4) w/f ut action, labor progress
		RR: 16/m — 5) w/f bld p/v, leak p/-
		H/L: NAD — 6) Sterile pad for observation
		P/A: ut term — 7) w/f fever, foul smelling
		cephalic — discharge, tachycardia, maternal/fetal
		FHR ⊕
		ut activity mildly — 8) Vitals Ⓜ
		2/3 5"/10' — 9) Inform s/o
		p/v - Cx 60% effaced
		soft, PP
		os 4cm dilated
		PP vx c̄ -2 stn
		pelvis / gsn
		- ade.
		- pt opted for epidural analgesia for pain relief and the
		same was sited by anesthetist aft informed written consent

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

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29/6/2021
9:20pm

c/s / By Dr Ch Raj Sudha m/c (Cont

Plan- ut term
cephalic
FHR ✓
ut activity mod
2-3/ 30"/10'

Plan- Co full effaced
os full dilated 9cm.
PP Vx @ 0'clock
pelvis / gynae
/ adv.

Adv
- cont FHR ✓
- W/t pod and fetal descent
- Vitals ✓
- Inform

29/6/2021
5:50pm

Plan. Co well effaced
Os fully dilated
PP Vx @ 0' st
pelvi / gynae
- adv.

Adv.
- W/t fetal head descent
- cont FHR ✓
- Vitals ✓
- Inform

Need to go

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pati KMV-00013170 Mrs UZMA SYED IP22-00023429
Ag 19-04-1998 28 Y 2 M 10 D (F) F
Dr. CHUPPANA RAGA SUDHA
I.F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26 9:00pm		LABOUR NORMAL ē ~~EPI~~ RMLE ē LA/Epidural
		↳ strict asptic condition, parts painted and draped. patient in lithotomy position. was encouraged to bear down. 1% xylocaine infiltrated. At the time of crowning of head, right mediolateral incision given.
		Baby delivered with vertex as presenting part. Baby cried immediately after birth ~~&~~ Delayed cord clamping done. Baby handed over to paediatrician. 1 loop of cord around neck noted
		placenta and membranes delivered by controlled cord traction. RMLE slit was inspected and no additional tear noted.
		RMLE slit sutured in layers with 2-0 rapid vicryl.
		Uterus retracted well. Hemostasis secured. Vaginal toileting done.
		Baby Details: A healthy live female child of weight 3.381Kg was delivered on 29/6/26 @ 8:27pm ē APGAR 9/10.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
9:00pm

Immediate Post Natal Noty

P.L.I PND-0

G

G.C: Fair
Afebrile

BP: 120/70mm Hg
PR: 84/min
RR: 16/min
H/L: No abnormality detected
PA: uterus retracted well
P/E: No active bleeding

B/L Breast soft
Baby well & mother side.

1) Regular diet with plenty of oral fluids.
2) T. ACELLO PLUS 500mg p/o 8th hrly
3) T. PANTOP 40mg p/o 24th hrly

breast feeding
wt bleeding p/v
Perineal care
Monitor vitals
Inform S.O.S.

Noted by Ms 28/6/26 at 9:00 PM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

KMV-00013170 IP22-00023429
Mrs UZMA SYED
Patient 19-04-1998 28 Y 2 M 11 D (F)
Dr. CHUPPANA RAGA SUDHA
Age
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		SIB Dr. Ashalatha (Reg)
30/6/26		SIB Dr. Soumya (PG) / Dr. Niroshini (PG)
Sunday		Dr. Nisha (PG) / Dr. Nithita (PG)
		P1L1 / PND-0 asha
		uc fair
		Afebrile
		BP- 110/70 mmHg
		PR - 88 bpm
		RR - 14 cpm
		H/L - No abnormality detected
		PA - Uterus retracted well
		OE - No active PV bleeding
		BIL breast soft
		baby well mother side
		passed urine
		Stool not passed yet.
		plan discharge tomorrow.

(1) Regular diet with plenty of oral fluid.
(2) Tb ACECLOPLUS 200mg PO 8th hrly
(3) Tb. PANTOP 40mg PO 24th hrly
(4) Exclusive breast feeding
(5) w/f any active PV bleeding
(6) Perineal care
(7) monitor vital
(8) Inform SOS

Nisha

Dr. Nisha
Noted by Kalyani

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/06/2026
3pm

C/s By Dr nikita (Reg)
& Soumya (PG)

P4 - PND 1/1

GC: no pallor
Afebrile
BP: 110/70 mmHg
PR: 84 bts/min
RR: 16/min
H/C: NAD
P/A: Ut retracted well
O/E: NAD
B/L Breast soft
Baby: well with s/d.
urine pass

Rx

1) Reg diet and plenty of oral fluids
2) Continue oral Rx as per chart
3) W/F active bld pl.
4) Exclusive breastfeeding.
5) perineal care
6) Vitals (4)
7) perineal care
8) Inform sr

Plan discharge tomorrow

Dr Lakshmi

N.O Dr Sreeshma.

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : .....
Age : ..... Gender ☐ M ☐ F
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		c/s/B Dr. Nikhat (Reg)
		Dr. Nisha (R3)
30/6/2026	8:30 pm	PiLi / PND-I
		adv
		① Regular diet with plenty of oral fluid
		② conforme same medicines as per drug chart
		③ Exclusive breastfeeding
		④ w/f any active PV bleeding
		⑤ Perineal care
		⑥ monitor vitals
		⑦ inform sos.

AC fair
Afebrile
BP - 104 mmHg / 58
PR - 86 bpm
RR - 14cpm
P/A - No abnormality Detected
P/V - uterus retracted well
P/S - No active PV bleeding
B/L Breast soft
Baby well mother side

Nisha.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

11/7/26
8:30am

C/S/B Dr. Rageshudu
Dr. Kruparshik (PG)
Dr. Soumya (PG), Dr. Nikhil (PG)

P1L1 / PND-1

GC: Fair
Afebrile
BP: 120/70 mm Hg
PR: 76/min
RR: 16/min
H/L: No abnormality detected
P/A: uterus retracted well
O/G: No active bleeding

B/L Breast Inf
Baby well & mother sick

℞
1) Regular diet with plenty of oral fluids
2) T. ACECLOPLUS 500mg PO SOS
3) T. PANTOP 40mg PO OD
4) Exclusive breast feeding.
5) Wet bleeding PV.
6) Perineal care
7) Monitor vitals
8) Supp MS-0-S

C. Nikhil

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient Name : .....

Age : ..... Gender ☐ M ☐ F

I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient Name : ..... KMV-00013170 Mrs UZMA SYED IP22-00023429 ..... Age : .....

Gender ☐ M ☐ F - I 19-04-1998 28 Y 2 M 10 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 :	Dose	Route	Frequency	Start Dt.	Date / Time
Doctor's Signature		Valid Period		Pharm.	
Additional Instructions					

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

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

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

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

REGULAR PRESCRIPTIONS

DRUG : T. ACECLO PLUS

Dose	Route	Frequency	Start Dt.
500 mg	plo	8th hr	29/6/17

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	29/6/17														
Time	6 am														
	2 pm														
	10 pm														

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	plo	24th hr	29/6/17

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	30/6/17														
Time	10 am														

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
29/6/2c	8:30pm	Inj: METHERGIN	0.2mg	IM	[signature]	[signature]
29/6/2c	8:32pm.	T. MISOPROSTOL	800mg	P/R	[signature]	[signature]
29/6/2c	8:35pm	Inj- TRAPIC	1gm	IV	[signature]	[signature]
29/6/2c	8:27pm	Inj: OXYTOCIN	10IU	IM	[signature]	[signature]

Patient Name : KMV-00013170 Mrs UZMA SYED IP22-00023429 19-04-1998 28 Y 2 M 10 D Dr. CHUPPANA RAGA SUDHA (F)	I.P. No.	Sheet No.	Wards	Weight (kg)

.UIDS 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.
29/6	7:15 pm	1 ORL ĉ oxytocin	IV	[illegible]	[signature]	[signature] / [signature]	29/6/26	[signature]	[signature] / [signature]

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RESULT SHEET

KMV-00013170 IP22-00023429
Mrs UZMA SYED
19-04-1998 28 Y 2 M 10 D (F)
Dr. CHUPPANA RAGA SUDHA

: F / HW / RS / INPR / 17

F - Sheet No. : .....

Date	27/5/26					
Time	OP basic					
Hb	10.3gm/dl					
PCV						
RBC						
WBC						
N/L						
Platelets	2.68lakhs/cu					
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	C. nikhil					

Date	(GP Book)					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	BTG					
HIV						
HBSAg	NR.					
HCV						
VDRL						
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. Uzma Syed Age: 28y Gender: F

UHID / IP No. KMV-0001317012342 9.

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requring the procedure of vaginal birth is pregnancy.

The Purpose of this procedure is to deliver of infant through birth canal either naturally or with possible use of forceps of vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsucessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of : infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfor, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most acases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist .

Consentee:
Signature :
Name: Mrs. Uzma Syed.
Date& Time: 29/6/26 ; 11:00am

Relative
Signature : A Shahnaz
Name: Mrs. Atija Shahnaz
Date& Time: 29/6/26

Witness:
Signature :
Name:
Date& Time:

Signature: Name of the Doctor: Dr. Nikita Gautam
Date & Time: 29/6/26 ; 11:00am.

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES

PREANAESTHETIC EVALUATION

Date: 29/6/26. Time: 4pm

Name: Uzma Syed

Age: 28y.

Proposed Operation: Epidural labour analgesia

Sex: female

Preoperative Diagnosis

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status 1 2 3 4 5	I.P. No.

LABORATORY DATA

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

Medical History: (-) CVS:

RESP:

CNS: Diabetes:

Renal: Normal

Hepatic / GE: APD+/-

Others:

Past Anaesthetic History:

Physical Exam

Airway MP 1 2 3 Mouth Opening Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N),

Lungs:

Heart: (N)

CNS: Pupils : Bilateral E V M ✓

Others: Pallor : +/- — Venous Access Site: P 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

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 78bpm Sa02 : 100% RA

R.R.: Last Feed :

B.P./C.T.Y.: 118/90 mmHg

Signature: Dr. Dheeraj

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Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

ANAESTHESIA CHART

PRE-OP DIAGNOSIS _____ OPERATION _____ Date _____

SURGEON _____ ANAESTHESIOLOGIST _____

ANAES	#1	Start	End	Cons. Sig	Res
CARE	#2	Start	End	Cons. Sig	Res
TEAM	#3	Start	End	Cons. Sig	Res

PHYSICAL STATUS

PT IDENTIFIED ☐ CONSENT PRESENT ☐ CHART REVEIWED ☐

LAST PO INTAKE

TIME

N_2O/AIR/O_2 LPM

HALO/SO/SEVO

DRUGS:

FIO_2 / SaO_2

$ETCO_2$

ECG

CVP / Wedge

Urine

EBL

FLUIDS
BLOOD

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

42° 41° 40°9 38° 37° 36° 35° 34° 33° 32° 31° 30°

TEMP
CET
(T)

☐ EQUIPMENT CHECKED AND FUNCTIONAL
☐ BP
CUFF SITE _____
ART SITE _____
☐ EKG LEAD
☐ TEMP SITE
☐ FIO2 MONITOR
☐ AGENT MONITOR
☐ PULSE OXIMETER
☐ PA OXIMETER
☐ CAPNOGRAPH
☐ VENTILATOR
☐ NERVE STIMULATOR

POSITION _____
☐ 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 _____
OP START _____
OP END _____
LEAVE OR _____
END ANAES _____

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

LINE (SIZE & LOCATION
☐ CVP _____
☐ PA _____
☐ ART _____
☐ IV _____
☐ IV _____
☐ IV _____

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

MASK ☐ ☐ LMA
AIRWAY ORAL ☐ NASAL ☐
ETT# _____ at _____ cm
ORAL ☐ NASAL ☐ CUFF ☐
TRACHEOTOMY ☐
TOPICAL ☐ DRUG _____
_____ % _____ 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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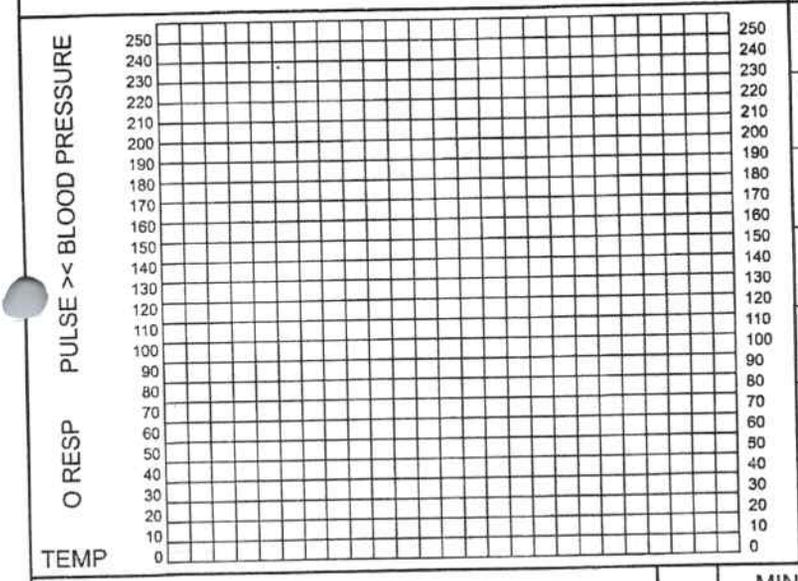
POSTANAESTHESIA CARE UNIT RECORD

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General ☐ Epidural ☐ Spinal ☐ Other Regional ☐

Anaesthesiologist : _____ Surgeon : _____ Procedure : _____

Received in PACU by : _____ Time in : _____ Time Out : _____



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			
Method	TOTAL			

O2: Mask : _____ Nasal Prongs : _____ Ventilator : _____
Cannula : _____ Trach Collar : _____ T-Place : _____
Always : NETT _____ TRACH _____ NASAL _____
OETT _____ ORAL _____ _____

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

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. _____ Transferred to Unit by _____

Discharged by : (Nurse) _____ Received on Unit by _____

Patient ID :

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Date : Time: **Procedure done by:** Dr. Dheeraja

CSE/Spinal/Epidural. Position: Sitting Speace: L2-L3 Technique (LOR/LOS)

Depth: 4cm Catheter at Skin: 9cm. Attempts: 1

Parasthesia : Yes/No if yes details :

Any other Issues: Solution: 2% 0.1% Bupivacaine 50 ml ~~+ 100 ml Saline~~
(12.5ml of 0.5% Bupivacaine + 37.5ml NS).

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments
4:10 pm		2.7ml ADR 3ml + 0.125% Bupi 8ml.	T10 T10.	117/77 74 bpm	135	
4:30 pm	8ml/hr	-	T10 T10	110/70 mmHg 65 bpm	140	
5:30pm	6ml/hr.	-	T10 T10.	108/74 mmHg 70 bpm	137.	

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Dr Mohan Shirol Removed by
10:30 pm
30/06/26

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

Ref. No. : F / HW / CON / SP / 06

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CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Mrs. Uzma Syed
Gender : M ☐ F ☑ IP No. : 00023429
Age : 28Y Department : MICU
Date : 29/6/26

I Uzma Syed S/D/W/O

hereby consent for the procedure of Epidural labour analgesia

For my patient / myself named Uzma Syed UHID NO KMV - 0001370

The doctos have clearly explained to me in language known to me about the following possible complications of the procedure : Epidural labour analgesia - PDPH, Itchiness, shivering

The doctor have explained to me about the alternative to the procedures as : Entonox

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : -

I have been explained about possible complication of sedation such as ~~fall~~ in blood pressure

~~Fall~~ in heart rate , suppression of spontaneous breathing . Others

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. Dhanaja

Name of the Doctor administering the sedation :

Patient Attendant :
Signature :
Name : SYED MOINUDDIN
Relationship with Patient : FATHER
Date & Time : 29/6/26, 3.30pm

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name : Dr. Dhanaja
Date & Time : 29/6/26, 3:30 p.m

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం

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పెషెంట్ పేరు : .....
లింగం : పు ☐ స్త్రీ ☐ .....
ఐ.డి. నెం. .....
వయస్సు.....డిపార్ట్‌మెంట్.....
తేది : .....

నేను : .....S/D/W/O.....

నేను/నా బాలుడు/బాలిక .....ఐ.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

.....

.....

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా : .....

.....

.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరినామాలు ఏమని వివరించారనగా :

☐ రక్తపోటు తగ్గుతుందని ☐ గుండే రేటు తగ్గుట ☐ సహజ శ్వాస తగ్గుట ☐ ఇతర కారణాలు : .....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు : .....

మత్తు ఇచ్చు డాక్టరు పేరు : .....

సహాయకుడు :

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

సాక్షి :

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

డాక్టర్:

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

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Ref.No. F/OT/05

SURGERY DETAILS

Sl.No.

Date: 29/6/2026

Patient Name : Mrs. Uzma Syed Age: 28 Yrs Sex: Female

UHID No. : KMV – 000 13170 IP No: 00023429

Date of Surgery: 29/6/2026 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3 ☐

Name of the Surgery : NVD C Epidural

Time in: 8:00 pm Time Out : 9:00 pm

	NAME	AMOUNT
1. Surgeon	: Dr. Ragavendra	:
2. Anaesthetist	:	:
3. Asst. Surgeon	:	:
4.OT Technician	:	:
5. Circulating Nurse	: Eshlamamma	:
6. Asst. Nurse	: Usha	:

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 692325 Ordered by: .....

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

NVD c̄ Epidural.

CONSUMABLES OF OT

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Patent Name : MRS. Uzma Syed Age: 28 Yrs

Gender M ✓F UHIS /IP NO. KMV-13170/23429.

Date : 29/6/26 Time :

Circulating Staff: Eshwaramma Technician:

Anaesthesia Disposables	Qty. Issued	Qty. Used	Surgical disposables	Qty. Issued	Qty. Used	Disposables (Baby side)	Qty. Issued	Qty. Used
ET tube			Major Pack NVD		01	Inj. Vit.K		01
LMA			Sutures 2762		01	Cord clamp		01
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves 6½		04	Surgical Gloves 6½, 7		2+1
02 cc		02				Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		01
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 22		01
IV set			NG tube			Koochies (S)		01
RL			Cautery Pencil			Alcohol Swabs		02
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter			New Mom Pad		01
			Cap. Mask S+S		10.	Fixator		01
Fentanyl			Gauze Pack			D/Water		02
Morphine			Mop Pack		01	D/Aprons		02
Ketamine			Steristrip			Inj oxytocin		05
Propofol			Underpad		02	Inj Riomirase-500mg		02
Rocuronium			Draw Sheet			Inj Mom		01
Glycopyrolate			Abgel			Proto Cover		02
Myopyrolate			Foleys Catheter			Inj lox 2%		01
Ondansetron			Urobag			handcare gloves		02
Pencan 23g/Spinal Needle 22			Chest Drinage Catheter					
Bupivacine 0.25%			Romodrain bag					
Bupivacine 0.25%(Heavy)			Bandage					
Antibiotics			Tegaderm					
			Ioban					
Suppositories			Double J Stent					
Anamol : 80mg/250mg/170 mg			Vaccum Suction set					
Supridol 100mg		✓	Plastic Bed Sheet		01			
Justin: 12.5 mg/25mg/100mg	02		Betadine Solution					
Tab. Misoprost : 200mg	05		Microshield					
			Cotton Balls		16			
			Latex Gloves					
			Ramdione Scrub					
			Saral					

30/6/26

Dr. Ragaradha — Surgeon

Anaesthesiologist

Nurse — Usha

OT Technician

Ordered by:

Order No: 692329/ 692330

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	IP22-00023429	**Ward**	3F-THIRD FLOOR
Patient Name	Mrs UZMA SYED	**Bed Name**	PRI 303
Age/Sex	28 Y 2 M 10 D / Female	**Order No**	22-0000692329
Date	29/06/2026 21:58	**Prescription No**	PRIP22-0292654
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	**Dispensed Date**	29/06/2026 22:10
UHID	KMV-00013170		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO003	10/27	2	73.23	146.46
2	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	2	135.00	270.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	2	28.13	56.26
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	2	21.56	43.12
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
7	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	5	18.90	94.50
8	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
9	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	2	38.00	76.00
10	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
11	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39261	09/27	1	15.90	15.90
12	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
13	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1	949.00	949.00
14	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
15	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
16	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
17	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
18	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
19	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
20	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	4	91.00	364.00
21	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
22	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	THC26004	03/28	1	36.75	36.75
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26E140032	04/29	2	170.00	340.00
24	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J	C1	T5013	11/28	1	519.00	519.00
						Total :	**4,748.42**	**6,563.13**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SALAPU HARINI

Receiver Name

Printed Time : 29-06-2026 22:10

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	IP22-00023437	**Ward**	3F-THIRD FLOOR
Patient Name	Baby B/O UZMA SYED	**Bed Name**	CRDL-PRI-303-1
Age/Sex	0 Y 0 M 0 D 1 H / Female	**Order No**	22-0000692330
Date	29/06/2026 22:00	**Prescription No**	PRIP22-0292653
Payor	SELFPAY	**Dispensed Date**	29/06/2026 22:10
UHID	HCV-00041196		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	2509O7	08/30	2	4.09	8.18
2	BABY DIAPER SMALL 5S-HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	2	91.00	182.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
						Total :	**466.41**	**561.50**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SALAPU HARINI

Receiver Name

Printed Time : 29-06-2026 22:10