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 : IP22-00023421 **Admit Date** : 28-Jun-2026 **Admit Time** : 12:54 PM **UHID** : LBH-00048320

Patient Details :

Patient Name	: Mrs GUTTALA RAJESHWARI	**Age**	: 36 Y 0 M 4 D
Guardian	: Mr MR. DURGA RAMAKANTH G	**DOB**	: 24-06-1990
Gender	: Female	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Married
Address (H)	: H. NO 8-4-SR0008,PLOT NO 82,STREET NO 4, GADDAM ENCLAVE,PHASE 3, GURRAMGUDA Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9000367490/ 9160461833
		E-mail	: gd.ramakanth@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 :

Name : Mr MR. DURGA RAMAKANTH G **Relationship** : W/O

Contact Address : H. NO 8-4-SR0008,PLOT NO 82,STREET NO 4, GADDAM ENCLAVE,PHASE 3, GURRAMGUDA Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** :

G. Ramakanth

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** : 5000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

LBH-00048320 IP22-00023421
Name:---------- Mrs GUTTALA RAJESHWARI ----------
24-06-1990 36 Y 0 M 4 D (F)
Dr. CHUPPANA RAGA SUDHA
UHID No :..... ...Consultant :.....Dept.:.....
Date of Admissi .....Date of Discharge:.....Time:.....
Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	4pm	MICU	303	Monica
29/06/26	2 Am.	304.	MICU.	Renuka
29/6/26.	5:30 Am	MICU	304	Usha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMAI	29/6/26	92151	Kavya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Vitals checked by Nurse)

MEDICAL EQUIPMENT (WARD & ICU

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/06/26.	IV placement done.	(1)	92082	Gowri.

Cross checked by Lungs

ANY OTHER INFORMATION

Date: 29/6/26 Time: @ 10 AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Lungs	3rd floor M. Gayed. 29/6/26 11:11 AM.		

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 4 D (F)
Dr. CHUPPANA RAGA SUDHA

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I.P. ADMISSION SHEET FOR GYNECOLOGY

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

Allergies :..... ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

Came for MTP :

LMP- 20.1-2026

$G_3P_2L_1D_1$ - 22weeks 3days period of gestation

Prev-d cesarean section.

on- Anomaly scan 19/6/2026: showing. midline cleft lip & palate

. Tear drop shaped ventricles

. Cavum septum pellucidum is not seen

. Corpus callosum not seen

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2015	Parity : $G_3P_2L_1D_1$
Previous Periods : Regular / 3d / 30days	Mode of Delivery: LSCS - 2016, - 2021.
LMP : 20/01/2026	Last Child Birth: 5years.
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	2 Prev LSCS.

Patient Sticker

FAMILY HISTORY:

father : DM
HTN.

mother. HTN

MEDICATION HISTORY:

(-)

INITIAL ASSESSMENT:

Date 28/6/2026
Ht. 157cm Wt. 74.4kg
BMI 30.18 kg/m2
B.P 106/76 mmHg, PR- 80bpm
Pallor (-)
CVR S1S2 (+)
Respiratory System ~~breath sound~~ normal vesicular
Thyroid ~~Not enlarged~~

Breasts

s/f

Abdominal Examination

Uterus upto 22 weeks size. Relaxed.
FHS (+)

Local / Speculum Examination

(-)

Bimanual Pelvic Examination

(-)

PROVISIONAL DIAGNOSIS : 36y/F/$G_3P_2L_1D_1$/22w+3d POG/ for MTP ?w/o fetal Anomalies.

INVESTIGATIONS ORDERED

BGT - A positive

HIV
HBsAg
HCV
VDRL
} non Reactive

GCT - 91 mg/dL

5/6/26
TSH - 2.35 μIU/mL

Hb - 8.9 g/dL
PCV - 28.4 Vol%.
PH - 2.4 L/cum
WBC - 9080 cells/cumm

PLAN OF MANAGEMENT

1. Admission
2. Regular diet with plenty of oral fluids.
3. w/f uterine action/progression of cervix.
4. w/f any PV leak and PV bleeding/passage of Products of conception
5. monitor vitals
6. inform SOS

Name of the Doctor : Dr- Mishu

Signature of Doctor Mishu

Date & Time : 28/6/2026.

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 4 D (F)
Dr. CHUPPANA RAGA SUDHA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26 @ 12:45 Pm

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others, specify MSW.

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:

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Nikhitha

Time Notified: 12:50 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
No	Yes	Yes.

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 3 days

Onset of Menarche: 13 years

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 20/1/26

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 3 P 2 L 1 A D1

Previous LSCS: Yes.

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

Family History: ☐ No Abnormalities Detected FATHER.

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

☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6°F HR: 99b/m RR: 20b/m

BP: 103/76 Weight: Height: BMI:

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

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 4 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 ..28.. (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. G. Rajeswari..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Pavani..

Date & Time: ..28/6/26 @. 12:47pm.

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

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 4 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)
		C/S/B Dr. Nikita (Reg)
28/6/2026		Dr. Nisha (PG)
	6 pm	$G_3P_2L_1D_1$ / $22w^{+3d}$ POG for MTP.
		c/o - Pain in Abdomen.
		GC fair — adv
		Afebrile
		BP - 118/90 mmHg — ① Regular diet with plenty of oral fluid
		PR : 80 bpm
		RR - 14 cpm — ② w/f uterine action / progression
		H/L - No abnormality detected
		PA - Ut 22 weeks size (HP / irregularities) ③ w/f any PV bleeding / passage of Products of conception
		Ut acting (3C/30sec/10min)
		④ monitor vitals
		⑤ inform SOS
		Nisha

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/2026
7:30pm

S/B Dr. Nivethita (Reg) | Dr Nisha (PG)

G3P2L1D1 / 22w+3d POG | for MTP.

c/o fever.

o/e pt c/c/c
febrile : temp - 100.2°F
BP - 120/80 mmHg
PR - 80bpm
RR - 14cpm
H/L - NAD
PA - Ut 22w
Ut acting
PV - Cx - min effaced
Os - 1 finger admitting.

T. MISOPROST 400mcg 1 kept per vaginally.

adv

1. T. DOLO 650mg P/O stat
2. w/f uterine action
3. w/f passage of products of conception
4. monitor vitals
5. inform SOS

Noted by [illegible]

Nisha

28/6/26
9:30pm

S/B Dr. Kiruposhika (Reg)
Dr Nisha (PG)

G3P2L1D1 / 22w+3d POG / for MTP.

pt c/c/c
temp - 101°F
BP - 110/70 mmHg
PR - 80bpm
PA Ut 22w
Ut acting

adv

1. T DOLO 650mg P/O stat
2. w/f uterine action
3. w/f passage of product of conception
4. monitor vitals
5. inform SOS
6. Tepid sponge

T-m

Nisha

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 5 D (F)
Age : Dr. CHUPPANA RAGA SUDHA
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	12:45pm	S/B Dr. Kompashika (Reg) Dr. Nisha. (PG)
		G3 P2L1D1 | 22w+3d POG | for MTP.
		C/o - Pain in the lower abdomen
		GC fair Afebrile BP - 120/80 mmHg PR - 86 bpm RR - 14 cpm PA - Ut 22 wks fgs Ut acting - 4c/30sec/10min LE - Brownish discharge Show (+)
		① Inj. TRAMADOL (amp)/(oam)/NS IV stat ② w/f uterine actions & progression of labor ③ w/f PV bleed / passage of products of conception ④ monitor vitals ⑤ inform sr Noted by gowri
29/6/26	1:50pm	S/B Dr Kompashika (Reg) Mother Dr Nisha (PG) :
		PH - Cb - PV leak + Bleed
		OE : passing products of conception (membranes +)
		Shift Pt to MICU.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/06/2026

3:10 Am

Post Abortal notes:

patient is put on lithotomy Position and encouraged to bear down. A single dead female fetus expelled at 2:25 Am on 29/6/26. Placenta & membranes delivered spontaneously in toto at 2:57 Am on 29/6/26

Details:

Fetus

wt : 490 grams
Sex : female
time : 2:25 Am
O/E - cleft lip & cleft palate seen.

Placenta

wt - 192 grams
time : 2:57 Am

On local examination -

General examination

We have
Afebrile
BP - 120/70 mmHg
PR - 90 bpm
RR - No abnormality detected
PA - Uterus retracted well
S/P Pfannenstiel scar ⊕
P/E - No active PV bleeding

Advice

1. Regular diet with Plenty of oral fluid
2. T. DOLACIN 300mg P/o 8th hrly
3. T. PANTOP 40mg P/o 24th hrly
4. T. ACECLOPLUS 500mg P/o S-0-S
5. W/F any Active PV Bleeding
6. T. CABERGOLINE 0.5mg @ 6 Am morning
7. monitor vitals
8. inform SOS

Noted by Cube

Nisha

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 5 D (F)
Dr. CHUPPANA RAGA SUDHA

/ 15

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/22		c/s/ By Dr. Nikita (Reg)
8:30am		
		Dr. Sowmya (PG₂), Dr. Nihit (PG₁), Dr. Nisha (PG₁)
		$P_2L_1P_2A_1$ /PAD-0/ moderate anemia (Hb: 8.9 g/l)
		R
		G C: Fair — 1) Regular diet with
		Afebrile — plenty of oral fluids
		BP: — 2) T. DALACIN 300mg p/o
		PR: 84/min — 8th hrly
		RR: 16/min — 3) T. PANTOP 40mg p/o
		H/L: No abnormality — 24th hrly
		detected — 4) T. ACECLOPLUS 500mg p/o
		P/A: uterus retracted well — 8th hrly S.O.S
		o/E: No active bleeding. — 5) w/f active bleeding
		6) monitor vitals
		B/L Breast sgt — 7) Inform S.O.S
		c. nikita
Plan Discharge today		
		add T. LEVOGEN XT - od in Discharge

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient Name : LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI ..... Age : .....
24-06-1990 36 Y 0 M 4 D (F)
Gender ☐ M ☐ F Dr. CHUPPANA RAGA SUDHA .....
Consultant : ....
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 : T. ACECLOPLUS

Dose	Route	Frequency	Start Dt.
500mg	P/o	8 hrly	29/6

Doctor's Signature	Valid Period	Pharm.
Nurse		

Additional Instructions

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date / Time

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 5 D (F)
Dr. CHUPPANA RAGA SUDHA

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

REGULAR PRESCRIPTIONS

DRUG : T. DALACIN

Dose	Route	Frequency	Start Dt.
300 mg	P/o	8 hrly	29/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	29/6															
Time	6 Am															
	2 pm															
	10 pm															
	✍															

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	P/o	24 hrly	29/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	29/6															
Time	6 Pan															
	Am															
	✍															

DRUG : T.

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
28/6/26	2pm	T. MISOPROST	800 mcg	PV	Nisha	Pavani Sandhya.
28/6/26	7:30pm	T DOLO	650 mg	PO	Nz	Sirisha Bhargavi
28/6/26	7:30pm	T. MISOPROSTOL	400 mcg	PV	[illegible]	Sirisha Sirisha
28/6/26	9:30pm.	DOLO	650 mg	P/O.	[illegible]	Pavani Mahesh
29/6/26	12:45AM	Inj. TRAMADOL	1amp/100ml NS	IV	[illegible]	Pavani. Mahesh.
29/6/26	2:50AM	T. MISOPROSTOL	400 mcg	PO	[illegible]	Usha Sahithi
29/6/26	3	T-MISOPROSTOL	400 mcg	P/R	[illegible]	Usha Sahithi
29/6/26	7:30pm.	T-CABERGOLINE	0.5 mg	PO	[illegible]	Pavani Mahesh.

Patient Name :	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.
29/6/26	2:30 AM	Inj. OXYTOCIN in 10 RL 20U	IV	Bolus			29/6/26		

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
Mrs G. Rajeshwari IP NO : 00023421	28/6/26 at: 12:54 Pm	29/6/26 at : 5:30 Am
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Raganadha	Dr. Krupakshika	for observation
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
MICU	304	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, What ?
25	—	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	IV Set	(1)
2.	Tab: Cabergoline 0.5mg	(1)
3.	Tab: Pantop	(10)
4.	Tab: Clinda 300 mg	(10)
5.	Tab: Accla	(10)

Shifting Summary / Notes written by Doctor:

Dr. Krupakshika

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Usha	Dr. Krupakshika		

Patient & Clinical records received by:

Signature with Date & Time — 5:36 AM 29/06/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

LBH-00048320 IP22-00023421
Mrs GUTTALA RAJESHWARI
24-06-1990 36 Y 0 M 5 D (F)
Dr. CHUPPANA RAGA SUDHA

Date & Time of Admission	Date & Time of Transfer Order
28/06/26.	29/06/26 2 AM.

Treating Consultant	Transfer ordered by	Reason for Transfer
Dr. Raga Sudha	Dr. Krupashika.	

From Bed / Ward / Hospital	To Bed / Ward / Hospital	Information to attendant
304	MICU.	Yes ☑ No ☐

Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant
28	—	Yes ☑ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL – (1)	
2.	IV Set (1).	
3.	Under Pad (1).	
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Cows.	Dr. Krupashika	Nurse.	

Patient & Clinical records received by: OK 826

Signature with Date & Time 29/6/26 at : 2:15 Am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Rajeswari	23/6/26 @	23/6/26 @
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Nagavalli	Dr. Nikhitha	Observation
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
MICU.		
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, What ?
25	-	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Nav	Dr. Nikhitha	Satya.	

Patient & Clinical records received by:

Signature with Date & Time: Sireesha 607862 23/6/26 @4pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready