

DISCHARGE SUMMARY

Name	Mrs GUGULOTH PRAVALIKA	UHID	FDH-00005228
Father/Guardian	Mr VISHAL	Age/Gender	25 Y 2 M 17 D/ Female
Address	H NO- -117, SHARADA NILAYAM, FEEL GOOD HOMES, GANDAMGUDA, HYDERSHAHKOTE, AP Police Academy PO, Hyderabad, INDIA, 500091		
IP No	IP25-00020703	Admission Date	29-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultants :

Dr. Manasa Badveli

MBBS,MS,MRCOG(UK),FCG(USA),FMAS,FIAOG

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

Email:drmanasa.b@rainbowhospitals.in

Diagnosis: G2P1L1 AT 9 WEEKS GESTATION WITH PREVIOUS LSCS WITH INCOMPLETE MISCARRIAGE FOR SUCTION AND EVACUATION + Cu T INSERTION.

History: Presenting complaint: Mrs GUGULOTH PRAVALIKA was booked to Rainbow hospital since conception. Scan done on 07.05.2026 at 6+5weeks gestation showed SLIUF with yolk sac, fetal pole, FHR 129bpm. Patient came with complaints of bleeding per vaginum associated with clots with history of passage of ? fleshy tissue (products of conception).

RPOC scan done on 23.05.2026 showed Uterus - normal in size, anteverted, ET 13mm, There is an echogenic content seen measuring 18 x 9mm present in the endometrium with vascularity on colour doppler study -S/o RPOC.



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Couple counselled regarding the scan findings and advised for suction and evacuation. Couple consented for the same

Admitted for SUCTION AND EVACUATION + Cu T INSERTION

Menstrual History:- LMP- 21.03.2026
Previous cycles: Regular

Obstetric History: P1L1 - 2024 - LSCS - Female child.

Medical History:
K/C/O Hypothyroidism since 1 year on Tab. Thyronorm 12.5mcg

Family History: Both parents - HTN

Surgical History: LSCS - 2024 Allergies: Nil

Investigations: Blood group : B positive.

Surgery Notes:

Operation performed: SUCTION AND EVACUATION + Cu T INSERTION.

Indication: Incomplete miscarriage.

Operative findings:

- Patient shifted to OT, patient placed in lithotomy position.
- Under GA, SAP, Parts cleaned and draped with Betadine. Bladder drained .
- Anterior & posterior vaginal walls retracted with Sims's speculum.
- Anterior lip of cervix held with sponge holding forceps.
- Uterocervical length - 8cm, measured.
- Products of conception removed with ovum forceps.
- Karman's cannula No.6 Introduced, Suction and evacuation done.
- No active bleeding seen.
- Cu T insertion done, under SAP.



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- Tab. Misoprostol 600mcg kept PV.
- Patient with stood the procedure well.

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 04.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 04.06.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 04.06.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.

Review consultation with Dr. MANASA BADVELI, on 06.06.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever kindly contact 8121039515 at Rainbow Financial District just dial one toll free number- 18004122.

You can also take appointments at any time by going online to our website www.rainbowhospitals.in

Registrar/Resident/C.M.O

Consultants :

Dr. Manasa Badveli

MBBS,MS,MRCOG(UK),FCG(USA),FMAS,FIAOG



Name	Mrs GUGULOTH PRAVALIKA	UHID	FDH-00005228
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Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon
Email:drmanasa.b@rainbowhospitals.in



SERPC
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FDH-00005228 IP25-00020703
Mrs GUGULOTH PRAVALIKA
12-03-2001 25 Y 2 M 17 D (F)
Dr. MANASA BADVELI



SURGERY DETAILS

Date : 29/5/26

Patient Name: Mrs. G. Pravalika Date of Birth: Age: 25Y

Gender: female Ward: OT UHID No.: FDH - 00005228

Date of Surgery: 29/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Suction Evacuation + Curet

Time in : 9 am

Time Out : 9:15 am

	NAME	AMOUNT
1. Surgeon	Dr. Manasa	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	-	
4. OT Technician	Br. Prasanth	
5. Circulating Nurse	Br. Subhadeep	
6. Assistant Nurse	Sr. Rajini	

- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 581817 / 818

Order by: Madhuran. B



SERPC
CONSUMABLES OF OT

Technician : SUBHASINI Date : 29/05/2026 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves 6+6	2	2	Surgical Gloves		
02 cc		01				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies					
O2 MAX (A)		01	Ointments					
MELOLAM		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		3			
Ketamine			Mop Pack					
Propofol		02	Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet			D. Aprons		2
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter Nelton	01	1	MT P (6)		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			Goggin		1
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm			Inara		1
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon

Order No. : 2784/MS/581809(TECH) Ordered by : Rajini Nurse

Doc. No. : RCH / FRM / GENERAL / 125

Anaesthesiologist DR. USHA

OT Technician AP

2000

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ADMISSION SHEET

Registration Details :



Admission No : IP25-00020703 Admit Date : 29-May-2026 Admit Time : 06:55 AM UHID : FDH-00005228

Patient Details :

Patient Name : Mrs GUGULOTH PRAVALIKA Age : 25 Y 2 M 17 D
Guardian : Mr VISHAL DOB : 12-03-2001
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : H NO- -117, SHARADA NILAYAM, FEEL GOOD HOMES, GANDAMGUDA, HYDERSHAHKOTE AP Police Academy PO Hyderabad INDIA 500091 Phone No : 7989035259
E-mail : n@g.c

Admission Details :

Bed Type : MICU Bed No : LDR-01 Ward Name : 4F-LDR
Room No : LDR-01 Admission Type : First Visit

Contact Details :

Name : Mr VISHAL Relationship : W/O
Contact Address : H NO- -117, SHARADA NILAYAM, FEEL GOOD HOMES, GANDAMGUDA, HYDERSHAHKOTE AP Police Academy PO Hyderabad INDIA 500091 Phone No :

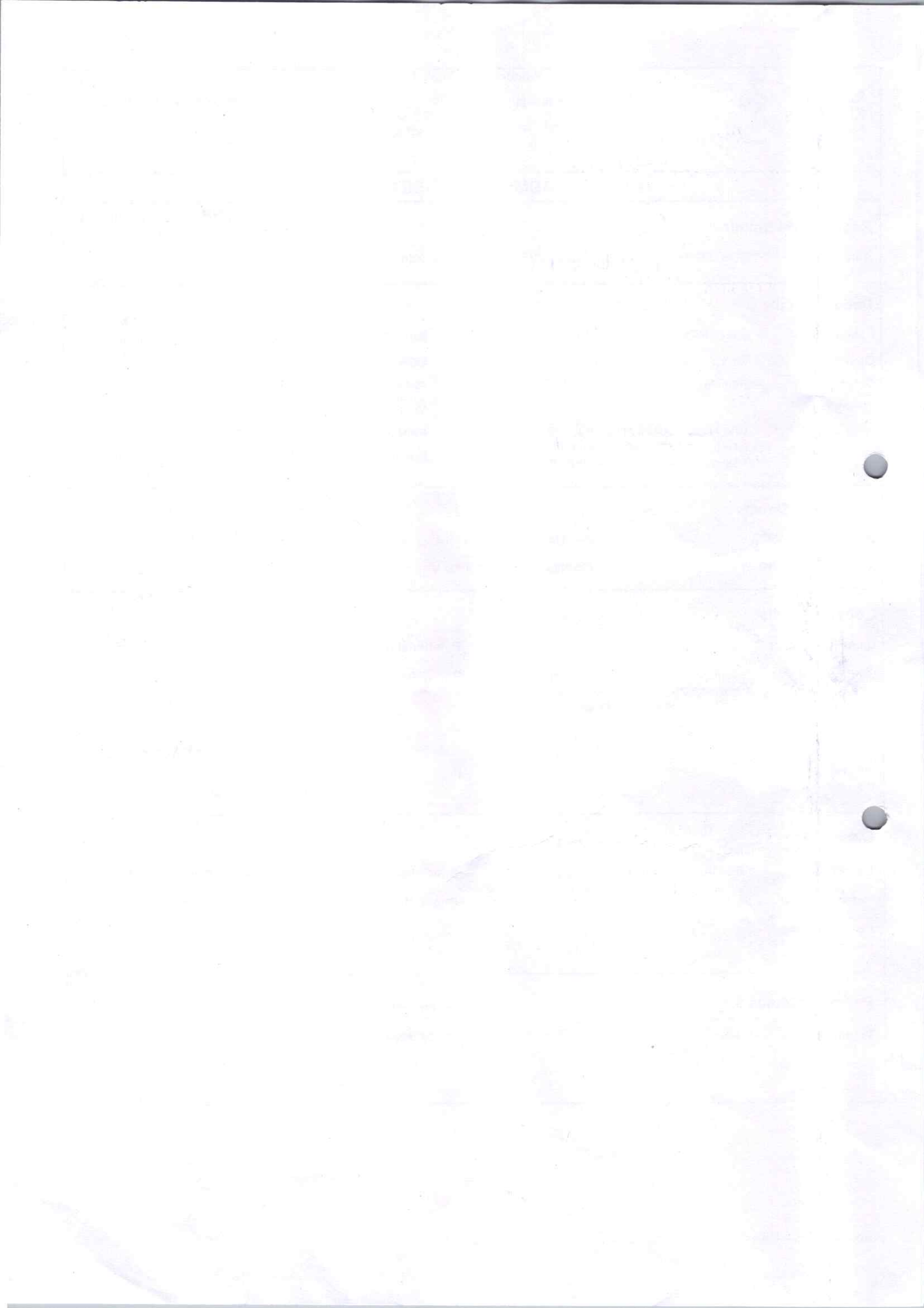
M. Vishal
Signature


Doctor Details :

Doctor Name : Dr. MANASA BADVELI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : SELFPAY



 Outlook

RE: Mrs. GUGULOTH PRAVALIKA (FDH-00005228) - Agreed Discount Package

From Polepeddi Anand <anand.p@rainbowhospitals.in>

Date Thu 5/28/2026 7:29 PM

To FD Financial Counsellor <financial.counsel.fd@rainbowhospitals.in>

Cc Shashidhar A <shashidhar.a@rainbowhospitals.in>; FD IP BILLING <ipbilling.fd@rainbowhospitals.in>; Internal Audit FD <internalaudit.fd@rainbowhospitals.in>; M Rajlingam Chitra <operations.fd@rainbowhospitals.in>; Birth Right <obstreticsopd.fd@rainbowhospitals.in>; FD ADMISSION DESK <admissiondesk.fd@rainbowhospitals.in>; FD MOD <mod.fd@rainbowhospitals.in>

Approved from my end

RE: Mrs. GUGULOTH PRAVALIKA (FDH-00005228) - Agreed Discount Package

Regards,

Anand

From: FD Financial Counsellor <financial.counsel.fd@rainbowhospitals.in>

Sent: 28 May 2026 18:14

To: Polepeddi Anand <anand.p@rainbowhospitals.in>

Cc: Shashidhar A <shashidhar.a@rainbowhospitals.in>; FD IP BILLING <ipbilling.fd@rainbowhospitals.in>; Internal Audit FD <internalaudit.fd@rainbowhospitals.in>; M Rajlingam Chitra <operations.fd@rainbowhospitals.in>; Birth Right <obstreticsopd.fd@rainbowhospitals.in>; FD ADMISSION DESK <admissiondesk.fd@rainbowhospitals.in>; FD MOD <mod.fd@rainbowhospitals.in>

Subject: Mrs. GUGULOTH PRAVALIKA (FDH-00005228) - Agreed Discount Package

Mrs GUGULOTH PRAVALIKA (FDH-00005228)

Dr. MANASA BADVELI.

SERPC - Day Care.

Good morning, sir.

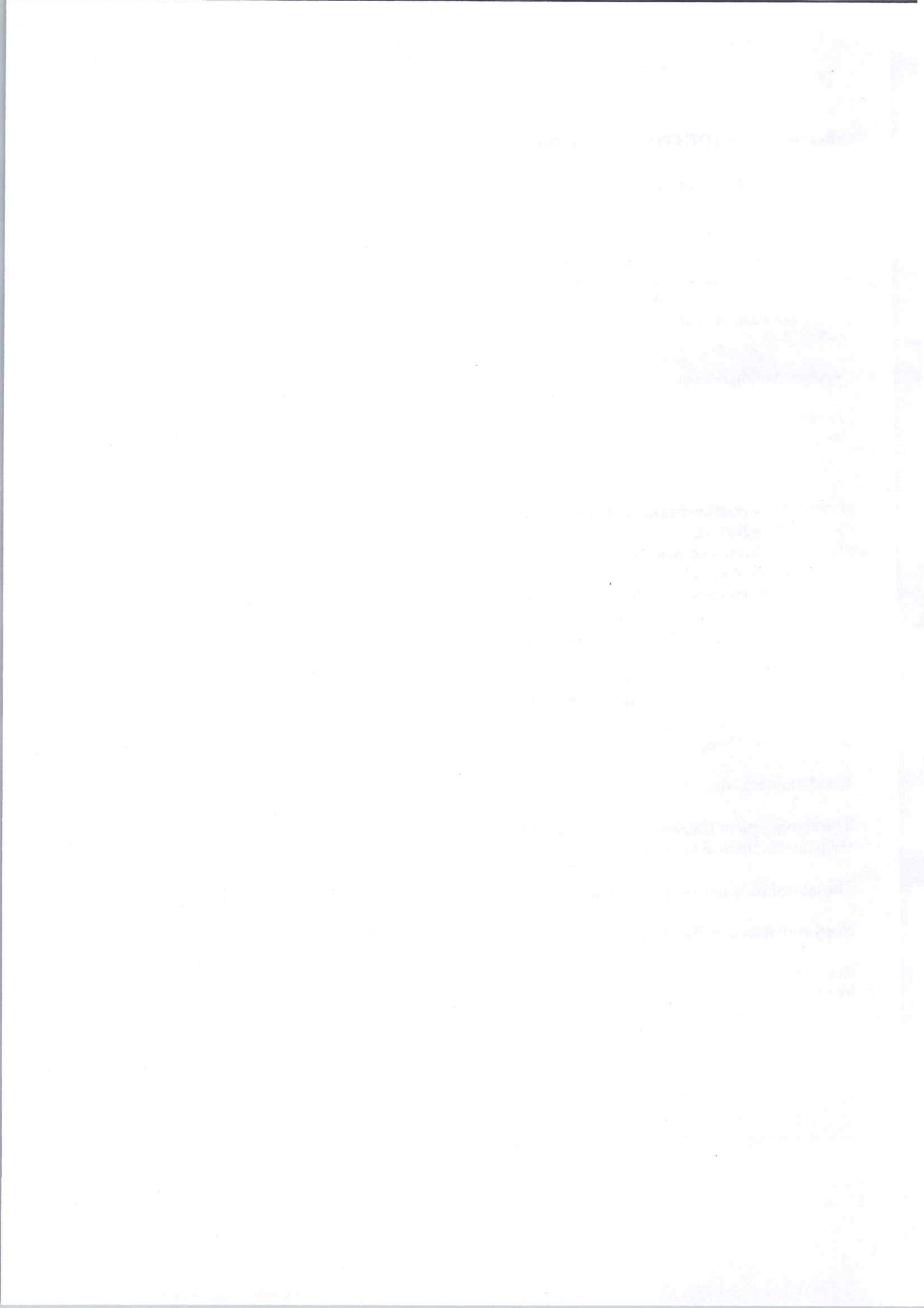
The above patient is given a package of INR 70,000, all inclusive. This package is given. Considering the patient's financial constraints and the importance of patient retention.

The agreed package excludes any extra treatment, blood/blood products, extra day stay, etc.

Need your approval for the same

Regards,

Vivek





BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Rainbow Children's Hospital
It takes a lot to treat the little.

OPERATION THEATER NOTES

FDH-00005228 IP25-00020703
 Patient's Name: Mrs GUGULOTH PRAVALIKA (F) Age: Gender:
 12-03-2001 25 Y 2 M 17 D
 Dr. MANASA BADVELI
 UHID: I.P.No. : Weight :

Surgeon : Dr. manasa	Asst. Surgeon : -
Anesthetist : Dr. mohar	OT Nurse : Dr. Rajan?
Surgical Procedure : Suction & evacuation	
Indications for Surgery : Incomplete miscarriage	
Date : 29/05/20	Start Time : 9 Am
End Time : 9:15 AM	
PRE-OPERATIVE PREPARATION :	
NBM	
PAC	
parts preparation	
preop medication.	
OPERATION NOTES: Patient shifted to OT	
- ↓SAP, patient anesthetised, kept in position	
- parts painted and draped.	
- Anterior and posterior vaginal walls retracted \bar{c} simis speculum.	
- Ant. lip of cervix held \bar{c} sponge holding forceps.	
- Uterocervical length - 8cm.	
- USG guidance, products of conception removed \bar{c} ovum forceps,	
- ↓USG guidance, products suctioned out \bar{c} Karman's cannula No. 6.	
- No active bleeding noted.	
- Empty uterine cavity confirmed on scan ; CuT insertion done ↓SAP.	
- T. Misoprostol given kept av.	
- patient withstood the procedure well.	

POST - OPERATIVE ORDERS :

- 1) NBM x 2-3hrs
- 2) Fluids as per AXON
- 3) Drugs as charted
- 4) w/f active b/w
- 5) (N) vitals Inform 805

.....Dr. Manasa.....

Consultant Surgeon's Name

..........

Consultant Surgeon's Signature

Date :29/5/20..... Time :10 AM.....



ESTIMATION SLIP

Date: 28/5/26 UHID / IP No.: FBH - 00005228 SI No. 2431
 Name of Patient: MYA Novallka Age: 25yrs Gender: Female
 Father's / Husband's Name: Mr. Vihai Corporate / Occupation: PRJ
 Address: (498) Phone: 7989025259 Email: _____
 Procedure / Plan: Sch. Cease - Day care

MODE OF PAYMENT: SELF TPA: _____ GIPSA: _____ OTHERS: _____

ARRIF INFORMATION: Dr. Manasa

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										<u>0-6hr</u>
Doctor's Fee										<u>sta</u>
L. Tax										

AMOUNT (₹)

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges		Subject to approval by TPA / Insurance Company
I.T. Consumables		Not Covered by TPA / Insurance company
Instrument Charges		As per actual - Not Included in Estimation
Pharmacy, Consumables & Investigations		As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :
	Ventilator : Conventional :	HFO-SLE 5000 :
	Phototherapy : Single Surface :	Double Surface :
Infusion pump / Syringe pump :		HFO Sensormedix :
Triple Surface :		
Blood, Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation
Package		
Others		
Initial Minimum Deposit		<u>40,000 due clear @ 2p gilly</u>

REMARKS:

The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.

The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.

In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.

Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.

Proportional difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.

For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.


During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm.

Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.

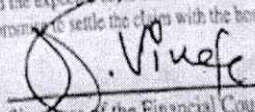
Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION


I, _____ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.


 Signature of the Client

 Signatory Relationship


 Signature of the Financial Counselor

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00005228 IP25-00020703 Mrs GUGULOTH PRAVALIKA (F) 12-03-2001 25 Y 2 M 17 D Dr. MANASA BADVELI  Dr. Manasa		Date & Time of Admission 29/5/26 @ 6:55AM	Date & Time of Transfer Order 29/5/26 @ 8:50AM
		Transfer Ordered by Dr. Harshini	Reason for Transfer SERPC cooper-T insertion
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films OP-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tabl - Parolm	1gm	
2.	Tabl - Pan	40mg	
3.	Tabl - Resindom	10mg	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Priyanka		Name of Person Ordered Transfer Dr. Harshini	
Patient & Clinical Records Received by : Rand			
Date & Time of Patient Received :			

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

1872

1873

1874

1875

1876

1877

1878


1879

1880

1881




PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00005228 IP25-00020703 Mrs GUGULOTH PRAVALIKA 12-03-2001 25 Y 2 M 17 D (F) Dr. MANASA BADVELI 		Date & Time of Admission 29/05/26	Date & Time of Transfer Order 29/05/26 9:30 AM
		Transfer Ordered by Dr. moham	Reason for Transfer part of care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

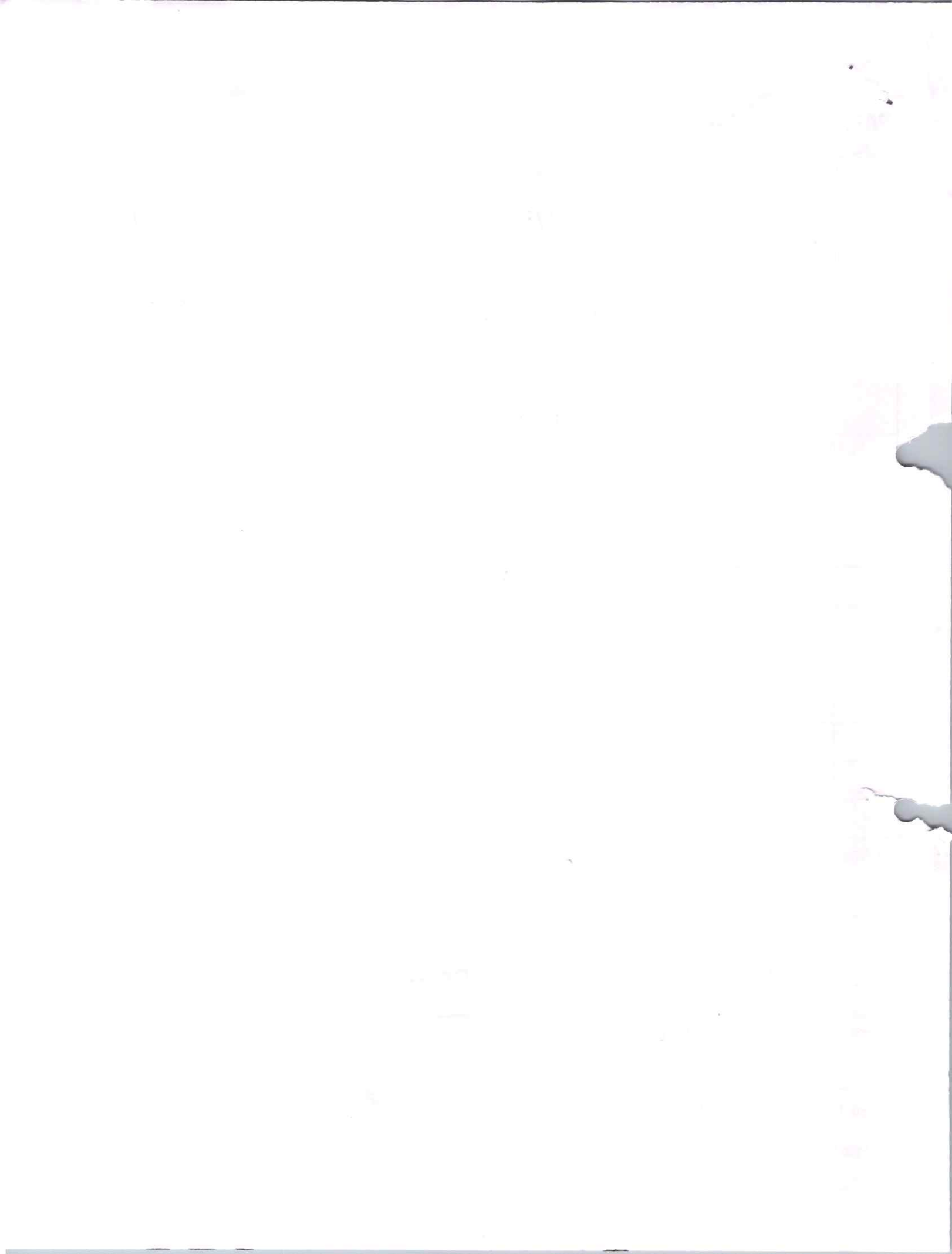
Name & Signature of Person who is Transferring 	Name of Person Ordered Transfer Dr. moham
---	--

Patient & Clinical Records Received by : 

Date & Time of Patient Received : 29/5/26 at 9:20 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



ACTIVITY RECORD FOR BILLING

Name: Mr **FDH-00005228** **IP25-00020703**
Mrs GUGULOTH PRAVALIKA
12-03-2001 **25 Y 2 M 17 D** (F)
 UHID No : **Dr. MANASA BADVELI** Consultant : _____ Dept : _____
 Date of Admission : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	8-50AM	MICU	OT	<i>[Signature]</i>
29/5/26	9.20AM	OT	MICU	<i>[Signature]</i>

Cross Consultation Visit

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

