Name : **Chimta Naga Sudendra**

ID: **VOLO03146469**

Gender:	Male	Relation:	SELF
DOB:	26/02/1978	Validity:	18/05/2026 - 17/05/2027
Policy Holder	Aegis Logistics Limited	Employee Id	90254

Insurer: The Oriental Insurance Co. Ltd.

TPA: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

Volo
By your side

Customer Support :

04065126801 | 04065126801

cs@volohealthtpa.com

DISCLAIMER :

To avail the cashless facility, please submit the E-card along with a valid photo ID proof of the patient (such as Aadhar (Masked) PAN Card, Driving License, etc.) to the hospital

VOLO Health Insurance TPA will process the cashless request as per policy T&C and communicate to the hospital

Volo
By your side

Name : **Chimta Shivadhrit**

ID: **VOLO03147277**

Gender:	Male	Relation:	Son
DOB:	06/12/2015	Validity:	18/05/2026 - 17/05/2027
Policy Holder	Aegis Logistics Limited	Employee Id	90254

Insurer: The Oriental Insurance Co. Ltd.

TPA: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

Volo
By your side

Customer Support :

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VOLO Health Insurance TPA will process the cashless request as per policy T&C and communicate to the hospital

Volo
By your side

Name : **Chimta Anannya**

ID: **VOLO03147279**

Gender:	Female	Relation:	Daughter
DOB:	04/08/2011	Validity:	18/05/2026 - 17/05/2027
Policy Holder	Aegis Logistics Limited	Employee Id	90254

Insurer: The Oriental Insurance Co. Ltd.

TPA: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

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VOLO Health Insurance TPA will process the cashless request as per policy T&C and communicate to the hospital

Volo
By your side

Name : **Chimta Nirmala**

ID: **VOLO03147281**

Gender:	Female	Relation:	Mother
DOB:	10/10/1950	Validity:	18/05/2026 - 17/05/2027
Policy Holder	Aegis Logistics Limited	Employee Id	90254

Insurer: The Oriental Insurance Co. Ltd.

TPA: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

Volo
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Customer Support :

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cs@volohealthtpa.com

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VOLO Health Insurance TPA will process the cashless request as per policy T&C and communicate to the hospital

Volo
By your side

Name : **Chimta Kavya**

ID: **VOLO03149819**

Gender:	Female	Relation:	Spouse
DOB:	09/09/1982	Validity:	18/05/2026 - 17/05/2027
Policy Holder	Aegis Logistics Limited	Employee Id	90254

Insurer: The Oriental Insurance Co. Ltd.

TPA: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

Volo
By your side

Customer Support :

04065126801 | 04065126801

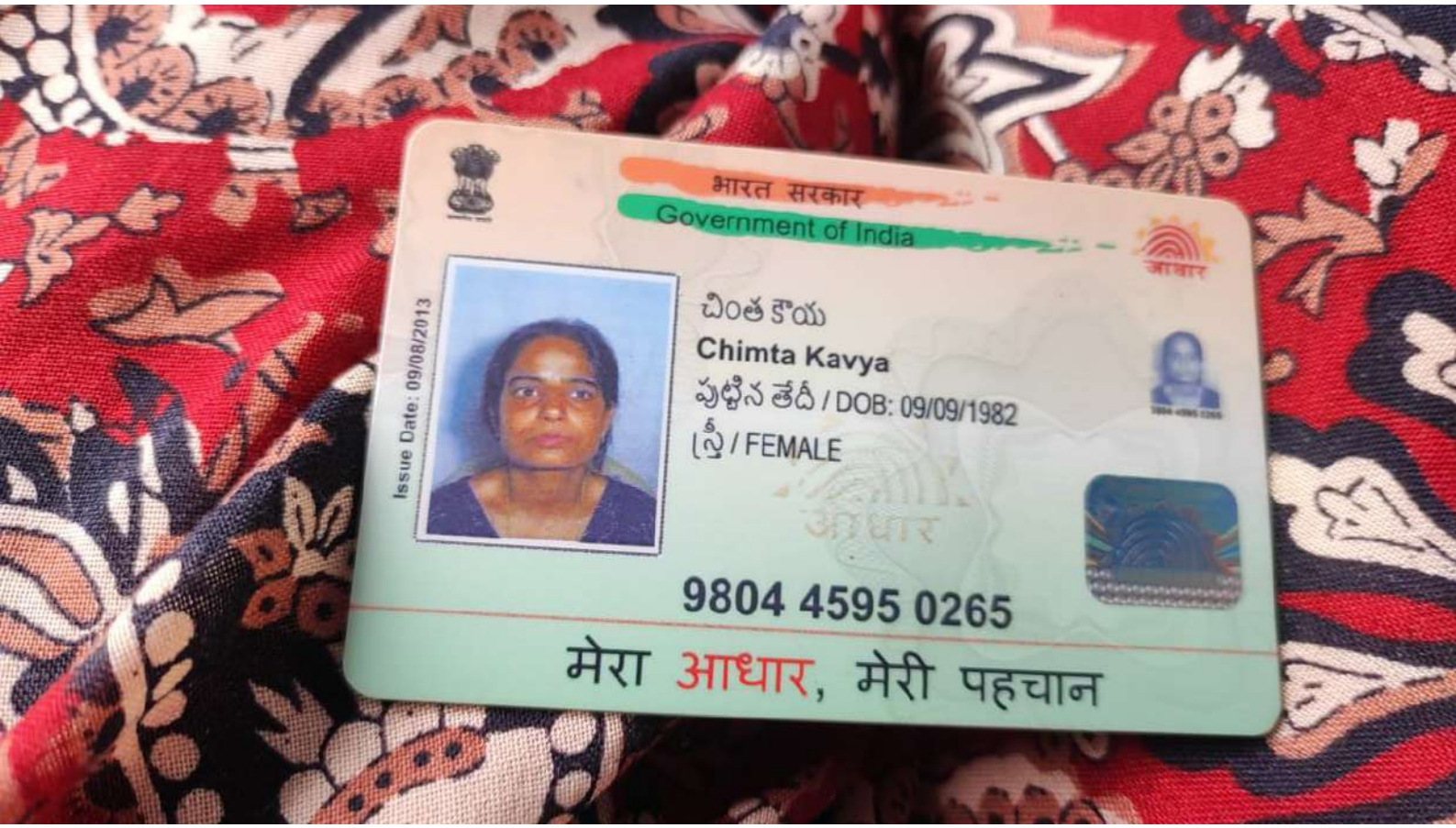
cs@volohealthtpa.com

DISCLAIMER :

To avail the cashless facility, please submit the E-card along with a valid photo ID proof of the patient (such as Aadhar (Masked) PAN Card, Driving License, etc.) to the hospital

VOLO Health Insurance TPA will process the cashless request as per policy T&C and communicate to the hospital

Volo
By your side


भारत सरकार
Government of India
आधार
Issue Date: 09/08/2013
చింత కావ్య
Chimta Kavya
పుట్టిన తేదీ / DOB: 09/09/1982
స్త్రీ / FEMALE
9804 4595 0265
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

చిరునామా: సంబంధీకులు: చింత నాగ సూదేంద్ర, ప్లాట్ నో-126, రోడ్ నో-2లైన్ నో-2, ఫిష్ బిల్డింగ్ దగ్గర, బోడుప్పల్ గ్రీన్ సిటీ కాలోనీ, బోడుప్పల్, కె.వి.రంగారెడ్డి, తెలంగాణ, 500092

Address: C/O: Chimta Naga Sudendra, Plot No-126, Road No-2Lane No-2, Near Fish Building, Boduppal Green City Colony, Boduppal, K.v. Rangareddy, Telangana, 500092

Print Date: 01/05/2021

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1947

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भारत सरकार

Government of India

आधार

Issue Date: 15/05/2013

చింత నాగ సూదేంద్ర

Chimta Naga Sudendra

పుట్టిన తేదీ / DOB: 26/02/1978

పురుషుడు / MALE

3301 0760 4708

3301 0760 4708

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
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AADHAAR
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నో 2, గ్రీన్ సిటీ కాలొనీ, నియర్
ఫిష్ బిల్డింగ్, బోడుప్పల్, ఉప్పల్,
కె.వి.రంగారెడ్డి, తెలంగాణ, 500039
Address: C/O: Chimta Vasantha Rao, Plot
No 126 Road No 2 Lane No 2, Green City
Colony, Near Fish Building, Boduppal,
Uppal, K.v. Rangareddy, Telangana,
500039
Print Date: 12/12/2020
3301 0760 4708
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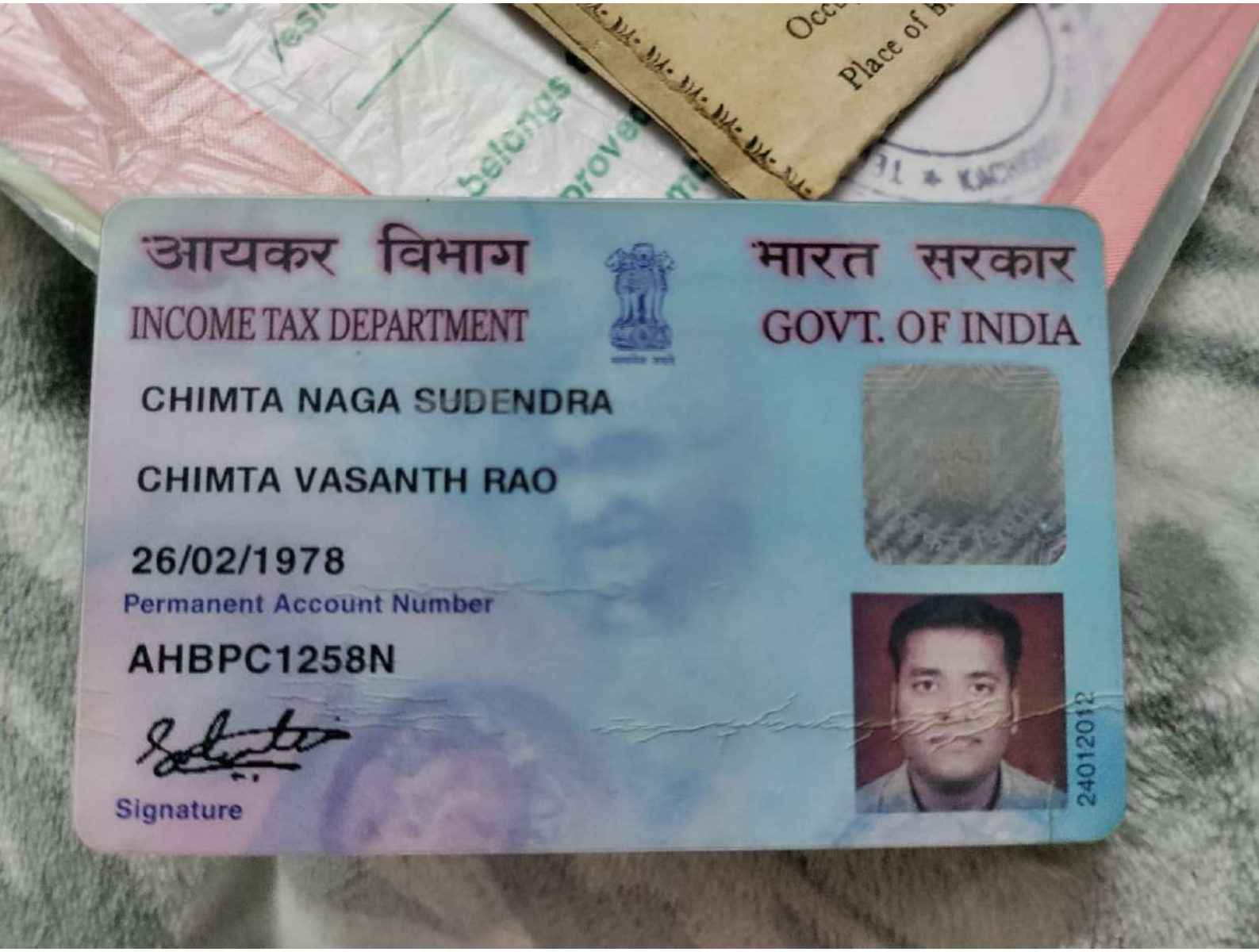
आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
CHIMTA NAGA SUDENDRA
CHIMTA VASANTH RAO
26/02/1978
Permanent Account Number
AHBPC1258N
Signature
24012012

Dr. A. Santhi
M.B.B.S., M.S (Obs & Gyn)
Consultant - Obstetrican & Gynaecologist
Laparoscopic Surgeon, Infertility Specialist &
High Risk Pregnancy Specialist
Cell : 94405 04350
E-mail : drsanthi80@gmail.com

Out-Patient Assessment Form

Apollo HOSPITALS
TOUCHING LIVES
HYDERGUDA

Date: 1/7/26

Patient Name: Kavya. Age 43 Sex F

a) Chief Complaints :

H/o menorrhagia - 7 months

b) History :

C/o dysmenorrhea - LMP - 26/6/26

P2L2 - FT/NVD

c) Physical Examination :

B.T done - Lap - + D&C

d) Diagnosis :

wt - 46.1 kg. MC - 5/50, R, HMB

e) Investigations Advised :

P/S - Cx, Vagina healthy

f) Treatment :

30/5/26.

P/V - UT AV, BG, HMB 8 - 10 wks

PAP - ©

S. FSH - 4.1

CBP - 10.8/3300/2.6L

g) Diet Advice :
(Nutritional Screening)

11/6/26.

U/S - UT 8x6x7 - Bulky.
Uterus - Ant-Rihad
ET - 6.8

Consultant's signature Date / Time :

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Name: Mrs. Kavya Age: 43y Sex: female UHID No: HNH-16310

Date: 2/7 Time: 215pm Proposed Operation: TLH.

Diagnosis: fibroid uterus.

B.P / CRT: ..... H.R: ..... Weight: 46 ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 9.0	Glucose: 88	Protein:	HIV: NR	X-Ray:	
PCV: 29.0	Urea:	Alb:	HBS Ag:	ECG: NSR - VR - 74/m	
WBC: 5600	Creat:	Total Bil:	HCV:	2D Echo: EF - 66%. No RWMA	
Plate: 3.03	Na:	Dir. Bil:	Blood group: B pos	Stress/Angio:	
PT: 13.6	K:	LDH:	T3	Other: (N) Capillaries (N) valves	
PTT: 30.4	Ca++:	Alk phos:	T4		
INR: 0.92	Mg++:	Amylase:	TSH 1.562		
	Cl-:	SGOT/SGPT:			

Allergies: food allergy (+)

Medical History: CVS: /

RESP: No significant medical history. Diabetes:

CNS:

Renal:

Hepatic / GE:

Others: P+L2 → LCB 10 yrs. / Both NVD.

Physical Activity: NYHA-I, METS > 4.

Past Anaesthetic History: lap. sterilisation + GA. > 10 yrs ago.

Physical Exam: coherent.

Airway: MP (1) 2 3 4 Mouth Opening: adq Mentohyoid Distance: 3FB Neck: (N) Teeth: intact

Lungs: BAE (+) clear clinically

Heart: S1+S2+ M-

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: left hand Spine Exam for regional: -

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
nil specific -	

Pre-Operative Instructions:

1. DVT Prophylaxis: 12AM ← 6 HOURS → 9AM
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — 7AM = WATER
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: - 1 PRBC reserve & cross match -

Signature: Name: Dr. Sonia Nayak

Docu. No.: RCH/FRM/CLINICAL/044