Dr. Vijaya Lakshmi

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 13/2/27 **UHID / IP No. :** HNH-0001652 7 **Sl No.** 1695

Name of Patient : Mrs. B. Revathi **Age:** 24y **Gender:** F

Father's / Husband's Name : Mr. Nikhil **Corporate / Occupation :** _____

Address : Amlespet **Phone :** 8096667150 **Email :** _____

Procedure / Plan : LSCS **EDD/Dos:** July-26

MODE OF PAYMENT : ☑ SELF ☐ TPA : _____ ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room		
Super Deluxe Room →		1.75 k
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for : 3 Days
	Pharmacy up to	Pharmacy up to 12,000/-
	Investigations up to	Investigations up to 3,000/-
Others	Well baby care	25k to 35k approx

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 80,000/- Paid

REMARKS : Vaccination, Neonatal, BBR, B/G

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate 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 at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by 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.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I K. Nikhil Trivedi 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 I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client	Husband Signatory Relationship	Signature of the financial Counselor

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

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SURGERY DETAILS

Date : 12/7/26

Patient Name: Mrs. Revathi Date of Birth: 10-6-1997 Age: 29Y2S

Gender: female Ward : OT-2 UHID No.: HNH-00016527

Date of Surgery: 12/7/26 ☒ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EM-LSCS

Time in : 2:45 pm Time Out : 3:45 pm

		NAME	AMOUNT
1.	Surgeon	Dr. Vijayalakshmi	
2.	Anaesthetist	Dr. Amreen, Dr. samir	
3.	Assistant Surgeon	Dr. Manisha	
4.	OT Technician	Br. Arvind	
5.	Circulating Nurse	Sr. Puja, Sr. Karuna	
6.	Assistant Nurse	S.r. Archana	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

G. Vijayalakshmi
Signature of the Surgeon

Puja
Signature of Circulating Nurse

Order No: 26-0000213139 Order by: Archana 12/7/26 @ 17:27pm

HNH-00016527 IP26-00006821
Mrs BUKKAPATNAM REVATHI
10-06-1997 29 Y 1 M 2 D (F)
Dr. VIJAYA LAKSHMI GILLELLA

Em. Less

CONSUMABLES OF OT

Rainbow® Children's Hospital
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Circulating Staff ..... Technician : Arvind Date : 12/7/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack USOrape		01	Inj Vit.K		1
LMA			Sutures 2346 (1-0)		02	Cord Clamp		1
ECG leads (A) / P / N		07	2364 (1-0)		01	Suction Catheter		
HME filter : A / P / N			Monocryl 3650		01	Feeding Tube no-5		1
Syringes : 10 cc		05	4241		1	Vaccum Suction Set		
05 cc		05	Gloves SG 6.5		03	Surgical Gloves S-G 6½		2
02 cc		04	S-G 6.0		01	Gauze Pack ~~10×10~~		
01 cc			Encore 6.5		01	Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		03	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01	Baby Saral		
Oxytocin		05	Ointments					
			Suction Catheter			26-0000213146.		
Fentanyl		01	Cap, Mask		100			
Morphine			Gauze Pack 7.5×7.5		02			
Ketamine			Mop Pack		02			
Propofol			Steristrip					
~~Rocuronium~~ Themrcaine 2%		01	Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Anwin heavy		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Aprox		03			
Tab. Misoprost : 200mg		05	Betadine Solution		02			
Mephenamine		01	Microshield		02			
Encore 7.0		01	Cotton Balls		01			
Surgical 6.5		04	Latex Gloves		120			
Gauze 7.5×7.5		01	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000213145 / 144 Ordered by : Archana 12/7/26 @ 12:43pm

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016527	**Name**	: Mrs BUKKAPATNAM REVATHI
Age / Sex	: 29 Y 1 M 2 D / Female	**Doctor**	: Dr. VIJAYA LAKSHMI GILLELLA
Adm/Reg Date/Time	: 12/07/2026 10:13	**Payor**	: SELFPAY
Order Date	: 12/07/2026 17:42	**Ordernumber**	: 26-0000213145
Visit ID	: IP26-00006821	**Ward/Bed No**	: 4F -OT / PDA-413
Patient Address	: H.NO: 2-2-1109/1/3, FLAT.NO: 405., Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
7	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
8	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
9	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		5 Tabs	Dispensed
11	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
12	Monocryl 3-0 W3650		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
13	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispense
14	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispense
15	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispense
16	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispens
17	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispens
18	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		3 Nos	Dispens
19	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispen
20	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispe
21	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispe
22	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispe
23	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Disp
24	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		5 Nos	Disp
25	TRUGUT CHROMIC CATGUT SN4241	TRUGUT CHROMIC CATGUT SN4241	1 Nos	/ Once Daily	1 Days		1 Nos	Disp
26	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dis

Hospital BirthRight Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016527	**Name**	: Mrs BUKKAPATNAM REVATHI
Age / Sex	: 29 Y 1 M 3 D / Female	**Doctor**	: Dr. VIJAYA LAKSHMI GILLELLA
Adm/Reg Date/Time	: 12/07/2026 10:13	**Payor**	: SELFPAY
Order Date	: 12/07/2026 17:42	**Ordernumber**	: 26-0000213144
Visit ID	: IP26-00006821	**Ward/Bed No**	: 4F -OT / PDA-413
Patient Address	: H.NO: 2-2-1109/1/3, FLAT.NO: 405., Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
3	SURGEON CAP FEMALE SARE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed

Dr. VIJAYA LAKSHMI GILLELLA

- This document is just for reference purpose only. Not to be considered as primary report.

Note

- **This prescription is valid only for specified duration.**
- **Do not refill medicines.**

Printed Date/Time : 13/07/2026 00:04 Printed By : SUNKARI SANGEETHA

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016541	**Name**	: Baby Of BUKKAPATNAM REVATHI
Age / Sex	: 0 Y 0 M 0 D 11 H / Male	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 12/07/2026 16:17	**Payor**	: SELFPAY
Order Date	: 12/07/2026 17:47	**Ordernumber**	: 26-0000213146
Visit ID	: IP26-00006827	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-413-2
Patient Address	: H.NO: 2-2-1109/1/3, FLAT.NO: 405., Amberpet, Hyderabad, Telangana, INDIA, 500013		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
3	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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