BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Mrs SUDESHNA CHOWDHURY (53 Y 8 M 7 D/ F)
OTHERS
NIN:/00212
BA26069044032

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 10/7/26

Patient Name: MRS. SUDESHNA Date of Birth: Age: 53Y

Gender: F Ward : PED-OT UHID No.: BAH-00658861

Date of Surgery: 10/7/26. ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Hysteroscopy + Polypectomy

Time in : 11:15 Am Time Out : 12pm

	NAME	AMOUNT
1. Surgeon	: Dr. V. Hema Bindu	
2. Anaesthetist	: DR, Arun).	
3. Assistant Surgeon	:	
4. OT Technician	: BR. Vijay kumar	
5. Circulating Nurse	: BR. Bakhlao	
6. Assistant Nurse	: Sr. Jyothi	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others HYSTEROSCOPY and - 9696232

Bindu (Dr. Hema Bindu)
Signature of the Surgeon Signature of Circulating Nurse

Order No: 9696231 Order by: Jyothi.

Docu. No. : RCHBH/FRM/GENERAL/114

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Hystro Scopy polypectomy

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

..... Technician : ..... Date : ..... Time : 10 30 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.7.5	1+1	—	Major Pack Dugout	1	1	Inj Vit.K		
LMA 3,4	1+1	1+1	Sutures legend	1	1	Cord Clamp		
ECG leads : A / P / N	5	5				Suction Catheter		
HME filter : A / P / N	01	1				Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	2	Gloves			Surgical Gloves		
02 cc	10	—	6,6½,7,7½	2+2	2+2	Gauze Pack		
01 cc			pr 6,6½,7,7½	2+2	2+2	Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade 11,15,12	1+1	—	Surgical Blade # 20		
IV set	01	0	NG tube			Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1+2	1+2	Koochies			Transfix	1	1
Mini Spike	01	—	Ointments			BCL, SCL, LL	4+2	—
Glucose	03	—	Suction Catheter			TURP set	1	1
Fentanyl	01	1	Cap, Mask	5/5 10/10		multi tube holder	1	—
Morphine			Gauze Pack (N)	5+5+3		legging	2	—
Ketamine			Mop Pack	1	1	Inj. Anaesa 0.25%	1	—
Propofol	03	2	Steristrip					
Rocuronium	01	1—	Underpad	1	1			
Glycopyrolate	01	—	Draw sheet	1	0			
Myopyrolate	01	—	Abgel			nil oral	01	1
Ondansetron	01	—	Foleys catheter 12,14	1+1	—	Nasal Aspiration		
Pencan 25g/ Spinal Needle 22			Urobag, urometer	1+1	—	28,30	1+1	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			Oral Aspiration		
Bupivacaine 0.25%(Heavy)			Romodrain bag			2,3	1+1	—
Antibiotics			Bandage			IV access.		
O2 mask A)	01	—	Tegaderm			20,18	1+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	1	1			
Tab. Misoprost : 200mg	0	—	Betadine Solution	1	1			
Valueset	01	1	Microshield	1	1			
Dexa dexamide	1+1	—	Cotton Balls	1	1			
Tramadol tpcm	2+1	1	Latex Gloves	1	20			
Glovalt Cream	5+1	—	Ramdione Scrub					
10cm fluocinolone	1+1	1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9696143 Ordered by : .....

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176196 **Admit Date** : 10-Jul-2026 **Admit Time** : 08:59 AM **UHID** : BAH-00658861

Patient Details :

Patient Name	: Mrs SUDESHNA CHOWDHURY	**Age**	: 53 Y 8 M 7 D
Guardian	: Mr KUMAR KANTI CHOWDHURY	**DOB**	: 03-11-1972
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO 402, DWARKA MAYEE APARTMENT Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8978679797
		E-mail	: NO!@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : RC 408 **Ward Name** : 4F-GYN RECOVERY

Room No : RC 408 **Admission Type** : First Visit

Contact Details :

Name : Mr KUMAR KANTI CHOWDHURY **Relationship** : Husband

Contact Address : FLAT NO 402, DWARKA MAYEE APARTMENT Bowenpally Hyderabad Telangana INDIA 500011 **Phone No** : 9502857094 / 8978679797

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time: _____ Time: _____

Room / Bed No : _____ Ward : _____ Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26.	11:15Am	GYN	OT	Reey
10/7/26.	12pm	OT	GYN	Barsi
10/7/26	3.10pm	GYN	306	Reyna

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/7/26	Biopsy for HPE	3A26069049	Ref
10/7/26	RBS (90mg/dl)	—	Nurse

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7	Cardiac monitor	12pm	2:20 pm	9696/35	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7/26	GRBS 81 mg/dl		BA2606906	Rey
	PAC	OP bed 8C.		
10/7/26	RV placement	1	9695136	Rey

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight — BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/7/26

Baseline Information:

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

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: P2 L2 C/O post menopausal bleeding

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Ajeya

Time Notified: ....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
DM HTN	LSCS · 2002	Nil

Gynecology Assessment: ☐ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History:	Caesarean Section: ☐ No ☑ Yes	Contraceptives: ☑ No ☐ Yes
....	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: Menopause	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G .... P 2 .... L 2 .... A ....

Previous LSCS: 1 LSCS

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98.6 F HR: 84 b/m RR: 20 /m

BP: 127/86 mmHg Weight: 68 Kg Height: .... BMI: ....

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

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 35 (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

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify ..... 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 Family

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 SUDESHNA

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: Deepa

Date & Time: 10/7/16 at 9:30 A

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 10/7/26 Time of Admission :

Allergies: Mushroom, prawns ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2. C/o postmenopausal Bleeding for 1 to 2 days in May & March. on 1/5/26, 1/3/26.

7/5/26 USG - whole abdomen: UT - NS, shape, ~~[illegible]~~, ET - thickened & Echogenic measures 9.4mm, No E/o Focal lesion.

Rt OV - 2.3x1.3cm

lt OV - 1.8x0.9cm.

Both ov (N). other organ Normal, Hepatomegaly grade 2 Fatty liver.

Imp: thickened endometrium.

MENSTRUAL HISTORY		OBSTETRIC HISTORY	
Year of Marriage :	M L - 1994, NCM.	Parity :	P2L2
Previous Periods :	Regular. 5-6/28-29.	Mode of Delivery :	1 NVD, 1 LS.
LMP :	Menopause - 2024.	Last Child Birth :	2002, LSCS (NPL) ♂, A&H.
Contraception :	Not tubectomised		

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
DM - 2020 HTN - 2015	LSCS - 2002.

Docu. No. : RCHBH /FRM / CLINICAL / 086 (P.T.O)

Patient Sticker

FAMILY HISTORY:	**MEDICATION HISTORY:**
Uncle DM.	See medical reconciliation

INITIAL ASSESSMENT :

Date 10/7/26. Ht. ____ Wt. ____ BMI ____ B.P ____ Pallor (-) CVR S1S2+ Respiratory System BAE(+) Thyroid (-)	Breasts Abdominal Examination Soft.	Local/Speculum Examination Bimanual Pelvic Examination

(AUB-E)

PROVISIONAL DIAGNOSIS : P2L2 - ~~Post~~ menopausal bleeding - Endometrial polyp.

INVESTIGATIONS ORDERED	**PLAN OF MANAGEMENT**
O(+)ve Urea-NR, Hb-12.6 Plt - 2.04. GRBS-84.	Admission Informed consent PAC Prep of parts Check blood availability Send to mealy

E... BINDU VEERLA
Registration No: 37245

Name of the Doctor : Dr. Akshay

Date & Time : 10/7/26, 8:30pm.

Signature of Doctor Dr. Bindu

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list	Other 10			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	Billing 1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		34			
	Total No. of Pages				

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date :
11/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 1:2pm	POD-0/ Hysteroscopic Polypectomy	
	GC: fair	
	B.P: 110/80	Rx
	P.R: 57	1) NBM for 4 hrs
	SpO2: 100% on RA	2) IV fluids - 100ml/hr
	P/A: soft	3) Drug as charted
	P/V: NAD	4) w/f P/V Bleeding
		5) Monitor vitals - 1/hy x2 hr
		6) Inform SOS
		— Dr. Sravanthi
	Noted by Nurse	
10/7/26 2pm	POD-0/ hysteroscopic Polypectomy	
	c/o HTN, DM.	
		Rx
	GC: fair	
	B.P: 118/70	1). Allow sips of liquid - now
	P.R: 70 bpm	liquid diet at 3pm,
	SpO2: 100% on RA	soft diet at 4pm
	P/A: soft	2) IV fluids - 100ml/hr
	BS (+)	3) Encourage voiding
	P/V: NAD	4) Monitor vitals - 4 hrly
		5/ Drug as charted
		6) w/f P/V Bleeding
	→ Shift to room after voiding	— Dr. Sravanthi

Noted by Nurse

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 6:30pm	POD - 0/ Hysteroscopic polypectomy	
	O/E G/C fair Vitals stable P/A - soft	Adv (1) Hydration (2) Ambulation (3) W/f active bleeding (4) Monitor vitals 6th hrly (5) Drugs as charted (6) Inform SOS
VV FV SV		
		Dr. Divya Noted by Yamuna @ 606255
11/7/2026 8:30pm	POD - 1/ Hysteroscopic polypectomy Comfortable Ambulating	
	O/E G/C fair Vital - Stable P/A - soft P/E: Minimal bleed	Adv (1) Hydration (2) Ambulation (3) W/f active bleeding (4) Monitor vitals 4th hrly (5) Drugs as charted (6) Inform SOS
VV FV SV		
Plan discharge Continue previous oral medication.		Dr. Divya

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Blood group O+VE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	5/2/26					
Time						
Hb	12.6					
PCV	39.2					
RBC	4.5					
WBC	4200					
N/L						
Platelets	2.4					
CRP						
ESR						
PCT						
RBS	108					
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
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						

Date	5/7/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HIV, HBSAg, HCV	-VE					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: .... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	EMPAGLIFLOZIN +	20mg	PO	OD	9/7	☐ C ☑ DC
2	SITAGLIPTIN					☐ C ☑ DC
3	T. TELMISARTAN	40mg	PO	OD	9/7	☐ C ☑ DC
4	T. ATORVASTATIN	10mg	PO	OD	9/7	☐ C ☑ DC
5	VOGLIBOSE	0.3mg.	PO	OD	9/7	☐ C ☑ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Harsha

Date & Time : 10/7/26, 9Am.

Nurse Name & Signature: Mayuris

Date & Time : 10/7/26 at 9.30 A

Docu. No. : RCHBH /FRM / GENERAL / 090

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 68 kg Ward ....

				Date ▸ / Time ▾
DRUG : T. TELMISARTAN				11/7
Dose	Route	Frequency	Start Dt.	
40mg	P/O	O'D	10/7	
Name & Signature of the Doctor Starting the Drugs: Dr Sravathi				8.50am [illegible]
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date ▸ / Time ▾
DRUG : T. ATORVASTATIN				11/7
Dose	Route	Frequency	Start Dt.	
10 mg	P/O	P/O	10/7	
Name & Signature of the Doctor Starting the Drugs: Dr Sravathi				8.50am [illegible]
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date ▸ / Time ▾
DRUG : T. EMPAGLIFLOZIN + SITAGPTIN				21/5
Dose	Route	Frequency	Start Dt.	
25mg	P/O	O'D	10/7	
Name & Signature of the Doctor Starting the Drugs: Dr Sravathi				8Am [illegible]
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date ▸ / Time ▾
DRUG : T. VOGLIBOSE				10/7
Dose	Route	Frequency	Start Dt.	
0.3mg	P/O	O'D	10/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi				10pm Refused
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name .... Signature ....

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	O.D	10/7

Name & Signature of the Doctor Starting the Drugs: Dr Srauthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: Stop

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

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

VERIFIED BY : Name .... Signature ....

BAH-00658861 IPS-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 10/7/2026 Drug Allergies: Nkda ☐ Not known any Drug Allergies

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

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

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

VERIFIED BY : Name ..... Signature .....

Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS Weight. 68 kg Ward. .....

DRUG : Inj. CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	10/7

Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi

Additional Instructions:

Date / Time: 10 PM

Daily Doctor's Endorsement by a Sign

DRUG : ~~Inj~~ PARACETAMOL

Dose	Route	Frequency	Start Date
650mg	PO	TID	10/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini

Additional Instructions:

Date / Time: 10/7 11:47

6 AM X C

2 PM 1:30 km

10 PM

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	OD	10/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Dileep

Additional Instructions:

Date / Time: 10/6 11:47

6 AM 6 PM

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time:

Daily Doctor's Endorsement by a Sign

BAH-00658861 IPS-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Weight. 68 kg Ward. .....

	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
10/7/2026	11.30 AM	Inj. PARACETAMOL	1g	IV		Ley Com.

Signature .....
VERIFIED BY : Name

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

Weight. 68 kg Ward. .....

		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
10/7/26	10 Am	Ringer lactate	I/V	100 ml/hr		key	10/7		key
						pooja			
10/7/26	11:15 am	RINGER LACTATE	I/V	20 cm/hr		key	10/7		key
						poly			

VERIFIED BY : Name ..... Signature .....

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

10/7/26

Pati

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (1)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/7	08:00 am		M							✓	0	
	09:00 am	Re	P	100ml			✓				0	
	10:00 am		O	100ml						✓	0	
	11:00 am			100ml							0	
	12:00 pm			100ml							0	
	01:00 pm			100ml							0	
Total Intake :						Total Output : U-2						
10/7	02:00 pm		coarse soup	300ml						✓	0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm						NP				0	
	06:00 pm									✓	0	
	07:00 pm										0	
Total Intake :						Total Output : U-2 m-0						
	08:00 pm						✓			✓	0	Yamu
	09:00 pm		HWO								0	Yamu
	10:00 pm										0	Yamu
	11:00 pm		HWO				NP				0	Yamu
	12:00 am						↑			✓	0	Yamu
	01:00 am		HWO								0	Yamu
Total Intake :						Total Output : U-2 m-0						
	02:00 am						✓			✓	0	Yamu
	03:00 am		HWO								0	Yamu
	04:00 am						NP				0	Yamu
	05:00 am		HWO								0	Yamu
	06:00 am						↑			✓	0	Yamu
	07:00 am		HWO								0	Yamu
Total Intake :						Total Output : U-2 m-0						

Total 24 hrs. Intake		Total 24 hrs. Output	U-8 m-0

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticke

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 10/7/26

To Be Filled In By Assigned Nurse :

Department : PED OT Duration of Procedure : 30 Mins

Name of Surgeon : DR. HEMA BINDU Date of Admission : 10/7/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj TAXIM 1 gm	Reey
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☑ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Reeyns
3.	Patient's body temperature immediately post operation (Recovery Room) 37.2° °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Reey
4.	Name of doctor or staff administering the antibiotic : Dr. Reeyns Date & Time of antibiotic administration : 10/7/26 at 10.30 AM Date & Time procedure started : 10/7/26 at 11.30 AM	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: Hysteroscopy + Polypectomy

Post-Surgical Diagnosis: Endometrial polyp

Post-Operative Monitoring Parameters /Frequency:
PR/BP/SPO – Every 4th for 3 hrs followed by 3rd hrly for 6 hrs

Wound Care:
NIL

Drain /Special Lines/Catheters:
NIL

Special Patient Positioning and Requirements:
As per pts Convinience

Nutritional Instructions:
NBM for 6 hrs

When to Start Mobilization:
After 6 hrs

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 10/7/26 Time: 6 PM

Note: Plan of care will be readjusted if necessary.

Patient Sticker

MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/7/26	☐ Medical ☐ ~~Nursing~~ ☐ Others:	☐ ~~Initial~~ ☐ Modified ☐ ~~Per-Op~~ ☐ Post Op	Npo dehydration	to maintain euf hydration	IV fluid RL @ 50 cc/hr	Rey	☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
10/7/26 3pm	☐ Medical ☐ Nursing ☐ ~~Others:~~ Dietician	☐ Initial ☐ Modified ☐ Per-Op ☐ ~~Post Op~~	para hysteroscopic polypectomy	liquids diet	soft diet @ 4pm	Sarita	☐ Medical ☐ Nursing ☐ ~~Others:~~
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ ~~Nursing~~ ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

Who was taught: **PT:** Patient **F:** Father **M:** Mother **S:** Spouse **Sn:** Son **D:** Daughter **C** Caregiver **O:** Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: **A:** Audio **D:** Demonstration **V:** Video **O:** Oral **P:** Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : MRS. SUDESHNA Age : 53Y Gender : ☐ Male ☑ Female

UHID No.: BAH- 00658861 Weight : .... Height : ....

Surgeon : DR HIMA BINDU. V	Asst. Surgeon :

Anesthetist : DR Anil	OT Nurse : M' Jyothi	OT Technician: Sravan

Pre-Operative Diagnosis: Endometrial Polyp.

Surgical Procedure : Hysteroscopy + Polypectomy.

Indications for Surgery : Post-Menopausal bleeding c̄ Endometrial polyp.

Date : 10/7/26	Start Time : 11:15 Am	End Time : 12pm

Pre Operative Preparations:
(1) NBM for 6 hrs
(2) IVF - 1(RL)
(3) Inj Cefotaxime 1gm/IV.

Post Operative Diagnosis: Endometrial polyp.

Peri-Operative Complications: NIL

Operation Notes:

→ U Strict aseptic precautions perineum is cleaned & draped.

→ Findings - (1) Ut cx length — 3½"
(2) Fundal polyp c̄ broad base is noted
(3) Both ostia - visualized.

Doc. No. : RCHBH/ FRM / CLINICAL / 099 (P.T.O.)

Procedure - ↳ Hysteroscopic Guidance polypectomy done & sent for HPE.

Amount of Blood Loss: 10ml.	Blood Transfused (in ML) NIL

Name and Number of Surgical Specimen sent for examination:

Polyp for HPE.

Peri-Operative Complications:

NIL

Discharge advice

① T. oflox 200 mg BD } - 5 days
② T. Aceclospas BD }
③ Pan-D OD
④ Rev after 10 days ← HPE report

Name of the Surgeon: Dr. V. Hima Bindu

Signature of the Surgeon:

Date & Time: 10/7/26. 12 noon

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: INDIAN.

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: As per my Doctor Advice.

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☑ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☑ No	
☐ Bathing	☐ Yes	☑ No	
☐ Eating	☐ Yes	☑ No	No Need for Assistence
☐ Walking	☐ Yes	☑ No	
☐ Dressing	☐ Yes	☑ No	
☐ Toileting	☐ Yes	☑ No	

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☑ Patient ☑ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: Personal hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☑ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: Mary

Nurse Name: Mary

Date and Time: 10/7/26 at 10.30 Am

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

7909

Patient Name: MRS. SUDESHNA CHOWDHURY	Age: 53 YRS.	Gender: FEMALE	
UHID No: BAH-00658861	IP No: 00176196.	Date: 10/7/26.	Time: 10.40 AM
Diagnosis: Hysteroscopy			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Inj. Fentanyl Citrate 100 mcg / 2 ml	100 MCG	SOS
2.	Fentanyl Citrate 25 mcg patch	—	—
3.	Inj. Morphine 15 mg / ml	—	—

Doctor Name: Dr. TEJASVINI

Doctor Registration No: TSMC/FMR/16971.

Signature: B. Tejasvini

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 00176196. **Date:** 10/7/26.

Aadhaar No. of the Patient (Optional): ....

		Remarks
1.	**Name :** MRS. SUDESHNA CHOWDHURY	
2.	Complete postal address (with contact number, if any)	H.No 102, [illegible] Bowenpally, Hyderabad-500[illegible]
3.	Brief description of the illness	Hysteroscopy
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	Inj. Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
10/7/26	Inj. Fentanyl	ONE AMP	[signature]	

Dispensed by (Name & ID No.): SANGEETHA 01595 .... Signature: [signature]

Received by (Name & ID No.): [illegible] 02183 .... Signature: [signature]

Time : 10:50 AM

Docu. No: RCHBH / FRM / CLINICAL / 133

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Mrs Sudeshna Age: 52 Sex: F UHID.No: BAH 0065886

Date: 7/7/2026 Time: 2.01 Proposed Operation: HYSTEROSCOPY POLYPECTOMY

Diagnosis: POST MENOPAUSAL BLEEDING

B.P / CRT: 119/72 H.R: 57 Weight: 68 ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

HBA1C: 7.0

Hgb: 12.6	Glucose:	Protein:	HIV: Non reactive	X-Ray:
PCV: 29.2	Urea:	Alb:	HBS Ag: Non reactive	ECG: NSR
WBC: 4200	Creat: 0.6	Total Bill:	HCV: Non reactive	2D Echo: EF 67%
Plate: 2,04000	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo: NORMAL
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 2.5 (0.55 - 4.78)	
	Cl -:	SGOT/SGPT:		

FBS:- 108

Allergies:

Medical History: CVS: —

RESP: HTN 2015 → T. Telmisartan 40mg Diabetes:

CNS: DM 2020 → T

Renal: —

Hepatic / GE: — Physical Activity: ET >2 Floor

Others: —

Past Anaesthetic History: 2ND DELIVERY LSCS → uneventful

Physical Exam:

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

Lungs: AEBE

Heart: S1S2

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE
EMPAGLIFLOZIN	
AN SITAGLIPTIN	25 mg OD
T Telmisartan	40. OD
T Atorvastatin	10mg OD
Voglibose	0.3mg

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours ✓
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Continue anti hypertensive c sip of water

Signature: Aditi Name: Dr Aditi

Patient Sticker

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 64 | B.P / CRT: 125/79 | SpO$_2$: 100 | R.R: 16 | Last Feed: ~~6~~

Pre-OP Diagnosis: Post menopausal bleed Operation: Hysteroscopy Polypectomy Date: 10/7/

Surgeon: Dr Himabindu Anaesthesiologist: Dr Shabna Technician: Vijay

TIME	11:15	*	12:15			
N_2O AIR /O_2 LPM	6L					
HALO /ISO /SEVO	MAC					
Drugs:						
Inj MIDAZ	2mg					
FENTANYL	100 mcg					
PROPOFOL	150+100					
PARACETAMOL	1g					
FIO$_2$ / SaO$_2$	100	100	100	100		
ETCO$_2$						
ECG	SR	SR	SR	SR	SR	
Temperature						
Urine Output						
Fluids: RINGER	500ml →					
Fluids: LACTATE						
Blood						

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: L arm
☐ Art Site: .....
☑ EKG Lead
☑ Temp Site skin
☐ FIO$_2$ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☑ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:15a.m
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia: 12 pm
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: R hand 20G
☐ IV: .....
☐ IV: .....

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☑ SGA Size 4
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr Shabna
Signature of the Doctor: .....

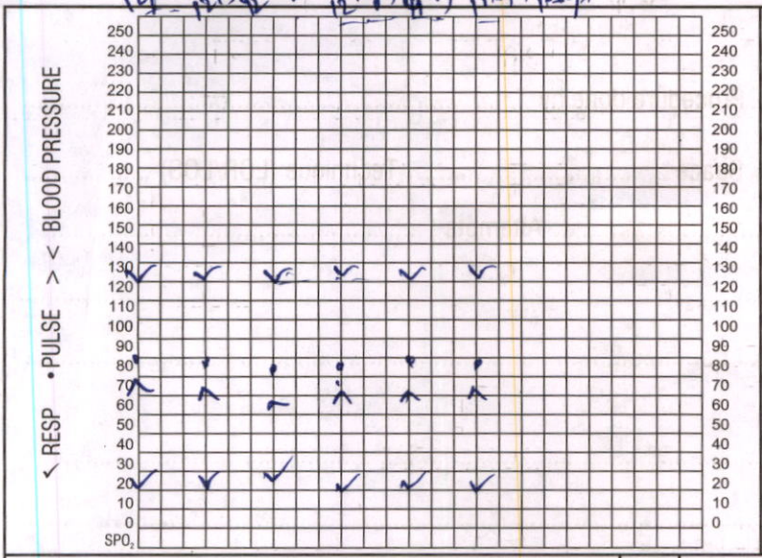
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Neelima. Time Received : 12pm Time Discharged : 3:10pm.



IV Cannula Site : Rt hand

- ☐ O2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: .....

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☑ Yes ☐ No

IV Fluids: RL on flow

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2		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:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		
	TOTAL	8	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/2	12pm	0/10	on Sedation	Key
10/2	2pm	0/10	No intervention	Key

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☑ NPS

Anaesthesiologist Name : Dr. Tejasvini

Anaesthesiologist Signature: [signature]

Date & Time: 10/2/26 at 3.30pm

PACU Nurse Name : Neelima

PACU Nurse Signature: Key

Date & Time: 10/2/26 at 12pm

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 306.

Date & Time: 10/2/26 3:10pm

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

306

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 10/7/26 Time: 3pm

Origin: Indian Height: 155cm Weight: 68kg BMI: 28.30 kg/m2

Food Allergies: Brinjal

Diagnosis: POP-Q / hysteroscopic polypectomy chronic HTN·DM

Medical History: DM- 2020

Surgical History: LSCS - 2002

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Soft diet at 4pm

Patient's / Attendant's

Signature: Sudesh

Name: Sudesha

Date & Time: 10/7/26 3pm

Dietician's

Signature: Saima

Name: Saima

Date & Time: 10/7/26 3pm

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
10/7/26	8am	continue c̄ soft diet	[signature]

BAH-00658861 IP5-00176196
Mrs SUDESHNA CHOWDHURY
03-11-1972 53 Y 8 M 7 D (F)
Dr. HIMABINDU VEERLA

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

BirthRight™ RAINBOW HOSPITALS
It takes a lot to treat the little. | Your Right to a Safe Delivery

Patient Name : SUDESHNA Gender: ☐ Male ☐ ~~Female~~ Age : 52

UHID No : BAH-00658861. Date : 10/7/26.

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

HYSTEROSCOPIC PUMP ECTOMY.

upon

(Name of the Patient) SUDESHNA

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Blood transfusion, Injury to surrounding structures / uterus, Infection

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr Himabindu

Consentee :

Signature : Sudeshna

Name : Sudeshna Chowdhury

Date & Time : 10.7.26, 9:45 AM

Patient Attendant :

Signature : Kumar Kanti Chowdhury

Name : KUMAR KANTI CHOWDHURY

Relationship with Patient: husband

Date & Time : 10/7/2026, 9:45 AM

Witness :

Signature : Meghri

Name : Meghri

Date & Time : 10/7/26 at 10 AM

Doctor (who is taking the consent) :

Signature : Dr Himabindu

Name : Dr Himabindu

Date & Time : 10/7/26, 9 AM

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☐ Patient Attendant

Operative Procedure: HYSTEROSCOPIC POLYPECTOMY

Anaesthesiologist: DR ADITI Surgeon: DR HIMABINDU VEERLA

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others DESATURATION, HYPOTENSION,

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☑ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Shuvy

Name: Sudeshna Chowdhury

Relationship with patient: SELF

Date & Time: 7/7/26 2.40

Witness:

Signature: Chowdhury

Name: K. K. CHOWDHURY CHUSBA

Date & Time: 7/7/26 2.40

Doctor (who is taking consent):

Signature: Aditi Name: Dr Aditi N Date 7/7/26 Time: 2.40

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....