

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174537 Admit Date : 30-May-2026 Admit Time : 02:00 PM UHID : BAH-00657323

Patient Details :

Patient Name : Baby Of MAHESHWARI KAWLE Age : 0 Y 0 M 4 D
Guardian : MR RAHUL KAWLE DOB : 26-05-2026 12:31 PM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : HNO-8-4-544/21/77,B SHANKAR LAL NAGAR, Phone No : 9000033200/ 9849416594
Erragadda Hyderabad Telangana INDIA E-mail : rahulkawle.in@gmail.com
500018

Admission Details :

Bed Type : DELUXE ROOM Bed No : DLX 324 Ward Name : 3F-ZONE C
Room No : DLX 324 Admission Type : First Visit

Contact Details :

Name : MR RAHUL KAWLE Relationship : Father
Contact Address : HNO-8-4-544/21/77,B SHANKAR LAL NAGAR, Phone No : 9000033200 /
Erragadda Hyderabad Telangana INDIA 500018


Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI Specialisation : NEONATOLOGY
Referral Doctor : Self Phone No :
Consultant :

Payment Details :

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657323 IP5-00174537
Baby Of MAHESHWARI KAWLE
26-05-2026 0 Y 0 M 4 D (M)
Dr. VIJAYANAND JAMALPURI



Patient Name:

Baby

wle

UHID ID:

Bah-00659323

Department:

Consultant:

BAH-00657323

IP5-00174537

Baby Of MAHESHWARI KAWLE

26-05-2026

0 Y 0 M 4 D

(M)

Dr. VIJAYANAND JAMALPURI



Pediatric Multiorgan History & Physical Examination

Name : Baby of Maheshwari kawle Age/Sex _____

Information given by: Teethel Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Yellowish discoloration of
Skin & eyes

History of present illness :

Late Pre Term
(36⁺2 weeks) / AGA / Male Baby
(OB)

Birth wt :- 2.86 kg

Today wt :- 2.61 kg

MBG :- 0 +ve

BBG :- B +ve

Had positional
talipes

& mild hypospadias

Urine ✓
Stool ↓

NBS (N)

OAE (N)

SBK @ 48 HCL - 8.7 mg/dl

SBK on DOL-4 - 17.2



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 2.61kg (Centile _____)

On Examination :

Temperature : 98.1 F Pulse Rate : 118/min B.P. _____ SPO2 99% @ RA
Resp. rate and type of breathing : 22/min

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (P)
Air entry & breath sounds : BAE (+), clear
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : (P)
Heart Sounds : S₁, S₂ heard
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection : (P)
Palpation : Soft, non-tender
Auscultation : (P)
Spine : (P) External Genitalia : (P)
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power 4/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : nil

Reflexes :

DTR	<u>(N)</u>	Superficials:
Plantars	_____	_____

Sensory System :

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

Neonatal Jaundice.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications / kernicterus

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

SBR
DCT
Retic count
CBP

T/m
after
sounds

Noted by
Lachel

Planned Management

1) Start DSP7 with eyes
& gonads covered.
2) Continue measured feeds.
TV = 150cc / kg / day
35ml - Q2H /
50ml - Q2H
3) Monitor Vital / Temp
Q3H
Noted by
Lachel

Signature of the Doctor: JSL
Name of the Doctor: Jayashri
Date & Time: 30/05/26 @ 2:10PM

Signature of the Consultant: [Signature]
Name of the Consultant: DR. VIJAYANAND JAMALPURI
Date & Time:
Registration No.: 405



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 3:30 PM	Seen by Dr. Vijayanand	Plant
		- Continue DSPT
		- Regular feeding
		- R/USBR T/m
		<p>Noted by Ashini @ 3:35 PM</p> <p>DR. VIJAYANAND JAMALPURI Registration No: 40526</p>
30/5/26 9:40 AM	Seen by Dr. Bharath (Resident) Asist unconjugated hyperbilirubinemia Late PT (36+2)	
	↓ SSPT since 4 PM Yest	(1) Continue DSPT to eyes and genitalia covered
MLOT B/B+	Urine - 7 times Motion - 7 times	(2) Continue measured feeds
		TV - 150cc/kg/day 35ml @ 2hrly (or) 50ml @ 3hrly
		(3) R/V SBR, OCT ? Refrc, CBP } in sounds
		r Monitor vitals & Inform sus
		Bharath

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 10:00am	DS / late RT / NNS.	Plan: - Continue DSPT till evening 4PM
		- SBR @ 4PM
		- if SBR < 14 → connect to SSPT
		SBR } DCR } @ 4PM Act } CRP }
		- To give paracetamol feeds q2hrly - 20ml while under DSPT.
		- <i>Wasser</i>
		Noted by Ashwin @ 10am
31/5/26		
8:00pm		
	SBR - 10.4	Plan: - change to SSPT.
		- Trace DETG Retic count and inform.

BAH-00657323 IP5-00174537
 Baby Of MAHESHWARI KAWLE
 26-05-2026 0 Y 0 M 5 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	Seen by Dr. Vijayanand	
9:30 AM		Plan
		① Discharge today
		② f/u on wednesday

Always

Dr. VIJAYANAND JAMALPURI
 Registration No: 40528

Pat

IP5-00174537
 BAH-00657323
 Baby Of MAHESHWARI KAWLE (M)
 0 Y 0 M 4 D
 26-05-2026
 Dr. VIJAYANAND JAMALPURI



RESULT SHEET

Date	31/5/26				
Time	@ 4pm				
Hb	17.4				
PCV	49.1				
RBC	5.03				
WBC	6.04				
N/L	18.3 18.3 64.7				
Platelets	290				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	10.4 / 0.1 10.3				
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					

BAH-00657323 IP5-00174537
 Baby Of MAHESHWARI KAWLE
 26-05-2026 0 Y 0 M 4 D (M)
 Dr. VIJAYANAND JAMALPURI

Patient



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: ER Shifted to: Ward

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	VITAMIN D ₃ (1ml / 800 IU)	0.5ml	PO	OD	29/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayabhi (Jst)

Date & Time: 30/05/26 @ 2:20 PM

Nurse Name & Signature: Rachel A

Date & Time: 30/5/26 @ 2:30 PM

BAH-00657323 IP5-00174537
 Baby Of MAHESHWARI KAWLE
 26-05-2026 0 Y 0 M 4 D (M)
 Dr. VIJAYANAND JAMALPURI



DRUG CHART

Date of Admission: 20/05/26 Drug Allergies: 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 _____ Sign: _____



30/5/26

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 3PM	7PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?					

Temperature (F)	104					
	103					
	102					
	101					
	100					
	99					
	98					
	97					
	96					
	95					
94						

Heart Rate (bpm)	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
	110					
	100					
Blood Pressure (mmHg) *	90					
	80					
	70					
	60					
	50					
	140					
	130					
	120					
	110					
	100					
Note: BP does not score in early warning scoring						
Heart Rate (Number)		140b/m	138b/m	142b/m	152b/m	139b/m

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
	38b/m		40b/m	35b/m	41b/m	38b/m

Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	100%	99%	99%
Conscious Level	Normal / Altered	N	N	N	N	N
GCS *		9/15	10/15	12/15	12/15	12/15

TOTAL SCORE						
Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00657323

IP5-00174537

Baby Of MAHESHWARI KAWLE
26-05-2026 Y O M 4 D (M)
Dr. VIJAYANAND JAMALPURI

31/5/26

No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	10AM	2PM	6PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.2°F	98.5°F	98.0°F	98.5°F	98.5°F	98.5°F
	98						
	97						
	96						
	95						
94							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
Heart Rate (Number)	138bpm	140bpm	138bpm	138bpm	140bpm	138bpm	138bpm
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	40bpm	38bpm	40bpm	39bpm	38bpm	40bpm	
Resp Distress	Mod/ Severe	N	N	N	N	N	N
	None / Mild						
Receiving O ₂ (l/min)		0pp	0pp	100%	100%	100%	100%
	O ₂ Saturations (%)	N	N	N	N	N	N
Conscious Level	Normal	15/15	15/15	15/15	15/15	15	15/15
	Altered						
GCS *		1	1	1	1	1	1
		0	0	0	0	0	0
TOTAL SCORE		1	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials							

ACTIONS

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

Patient Sticker

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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	FF 35ml					✓			✓		} Nurse	
	04:00 pm												
	05:00 pm	DBM					✓			✓			
	06:00 pm												
	07:00 pm	DBM.											
Total Intake :						Total Output : U-3 M-2							
	08:00 pm												
	09:00 pm	EBM										} Nurse	
	10:00 pm						✓			✓			
	11:00 pm	EBF											
	12:00 am						✓			✓			
	01:00 am	EBM											
Total Intake :						Total Output : U-2 M-2							
	02:00 am												
	03:00 am	EBM					✓			✓		} Nurse	
	04:00 am												
	05:00 am	DBF					✓			✓			
	06:00 am												
	07:00 am	DBF											
Total Intake :						Total Output : U-2 M-3							
Total 24 hrs. Intake												Total 24 hrs. Output	
												U-7, M-7	

31/6

FLUID CHART



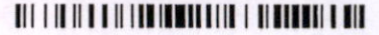
Sheet No. :

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
31/5/26	08:00 am									1	Astha	
	09:00 am	DBM				✓			✓	no		
	10:00 am									12		
	11:00 am	F.F DBM										
	12:00 pm						✓		✓			
	01:00 pm	DBM										
Total Intake :					Total Output : U-2					m-2		
31/5/26	02:00 pm									1	Astha	
	03:00 pm	F.F DBM										
	04:00 pm											
	05:00 pm	DBM				✓			✓	no		
	06:00 pm									12		
	07:00 pm	DBM										
Total Intake :					Total Output : U-1					m-1		
31/5/26	08:00 pm									1	Astha	
	09:00 pm	DBM				✓			✓			
	10:00 pm									no		
	11:00 pm	DBM				✓			✓	12		
	12:00 am											
	01:00 am	DBM										
Total Intake :					Total Output : m-2, U-2							
1/6/26	02:00 am									1	Astha	
	03:00 am	DBM				✓			✓			
	04:00 am									no		
	05:00 am	DBM				✓			✓	12		
	06:00 am											
	07:00 am	FF							✓			
Total Intake :					Total Output : m-2, U-3							
Total 24 hrs. Intake		taken										
Total 24 hrs. Output		m-9 U-8										

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174537 Admit Date : 30-May-2026 Admit Time : 02:00 PM UHID : BAH-00657323

Patient Details :

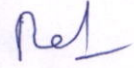
Patient Name : Baby Of MAHESHWARI KAWLE Age : 0 Y 0 M 4 D
Guardian : MR RAHUL KAWLE DOB : 26-05-2026 12:31 PM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : HNO-8-4-544/21/77,B SHANKAR LAL NAGAR, Phone No : 9000033200/ 9849416594
Erragadda Hyderabad Telangana INDIA E-mail : rahulkawle.in@gmail.com
500018

Admission Details :

Bed Type : DELUXE ROOM Bed No : DLX 324 Ward Name : 3F-ZONE C
Room No : DLX 324 Admission Type : First Visit

Contact Details :

Name : MR RAHUL KAWLE Relationship : Father
Contact Address : HNO-8-4-544/21/77,B SHANKAR LAL NAGAR, Phone No : 9000033200 /
Erragadda Hyderabad Telangana INDIA 500018


Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI Specialisation : NEONATOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

BAH-00657323 IP5-00174537

Baby Of MAHESHWARI KAWLE

UHID No. : _____ Consultant: _____ Dept : _____

26-05-2026 0 Y 0 M 4 D (M)

Dr. VIJAYANAND JAMALPURI

Date of Admission: _____ Date of Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	2:30pm	ER	324	<i>[Signature]</i>

Cross Consultation Visit

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

