

Dr. Swathi



# ESTIMATION SLIP

Date : \_\_\_\_\_ UHID / IP No. : LIN4-00015320 SI No. **1557**  
 Name of Patient : MRS. Lavanya Age: 52y Gender: F  
 Father's / Husband's Name : Mr. Srinivas Corporate / Occupation : \_\_\_\_\_  
 Address : Attapur Phone : 8125203032 Email : \_\_\_\_\_  
 Procedure / Plan : Lapar. Hysterectomy + BSO + Adhesiolysis EDD/Dos: June-26  
 MODE OF PAYMENT :  SELF  TPA : Star Health  GIPSA : \_\_\_\_\_  OTHER

## TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward	<u>Lapar. Hysterectomy + BSO + Adhesiolysis</u>	
Twin Shared Ward		
Private Room	<u>1.50K (approx)</u>	<u>@ Day</u>
Super Deluxe Room		
Suite Room	<u>+ Non Disposables</u>	<u>Entire</u>
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 :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : 10,000/- Advance

### MARKS :

- 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.
- 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.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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
- 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.
- 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.
- 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
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

### DECLARATION

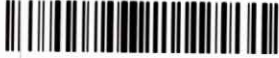
\_\_\_\_\_ have attended the Financial counseling desk and understood the expected costs and conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I/We will settle the hospital bill with the hospital without any ambiguity.

[Signature]  
Patient

Husband  
Signatory Relationship

[Signature]  
Signature of the financial Counselor

HNH-00015320 IP26-00006482  
Mrs B LAVANYA  
07-01-1974 52 Y 4 M 27 D (F)  
Dr. SWAPNA SAMUDRALA



### SURGERY DETAILS

Date : 03/06/26

Patient Name: Mrs. B. Lavanya Date of Birth: 07-01-1974 Age: 52y

Gender: Female Ward: OT UHID No.: HNH-00015320

Date of Surgery: 03-06-26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : TLH + BSO + Ovarian adhesiolysis + Anatomical Repair of Inguinal Hernia

Time in : 10:15 Am

Time Out : 1:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. Varist / Dr. Swapna	
2. Anaesthetist	Dr. Samir	
3. Assistant Surgeon		
4. OT Technician	Sr. Pallavi	
5. Circulating Nurse	Sr. Puja, Sr. Natashe	
6. Assistant Nurse	Sr. Padmaja	



Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others ..... Vessel Sealer (26-0000203951) 3950

Signature of the Surgeon: *Varist*

Signature of Circulating Nurse: *[Signature]*

Order No: 26-0000203949

Order by: Archana 3/6/26 @ 17:07pm

TLH + BSO

CONSUMABLES OF OT

Surgeon: ..... Technician: Sr. Pallavi Date: 3/6/2026 Time: 11:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.0 cuffed		01	Major Pack		1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03	St staples		2	Suction Catheter		
HME filter : A / P / N		02	NG tube		2	Feeding Tube		
Syringes : 10 cc		04	Gloves	3+3	3	Vaccum Suction Set		
05 cc		04	Encore		2	Surgical Gloves		
02 cc		04	Surgical blade 11		2	Gauze Pack		
01 cc		01	NG tube			Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Cautery pencil			Surgical Blade # 20		
IV set		01	Koochies			Koochies (S)		
RL		03	Ointments			Romovac-16 F		01
NS : 10ml / 100ml / 500ml / 1000ml	01+02	01	Suction Catheter			Nelson 10F		01
Atropine		01	Cap, Mask	10+10	10	<del>1000ml</del>		01
Atenolol		01	Gauze Pack 10x10, 7.5x7.5		3	Tranexamic acid		01
Fentanyl		01	Mop Pack		2	Ryles tube 16		1
Morphine		01	Steristrip					
Ketamine		04	Underpad		2			
Propofol		03	Draw sheet					
Rocuronium		01	Abgel - <del>sterile drapes</del>		01			
Glycopyrolate		01	Foleys catheter 14,		1			
Myopyrolate		01	Urobag		1			
Ondansetron		02	Chest Drainage Catheter					
Pencan 25g/ Spinal Needle 22			Romodrain bag					
Bupivacaine 0.25%			Bandage methaline blue		1			
Bupivacaine 0.25%(Heavy)			Tegaderm					
Antibiotics		02	loban Legginge big		1			
PMA line 200cm			Double J Stent					
Suppositories			Vaccum Suction set		2			
Anamol : 80mg / 250mg / 170 mg			Plastic Bed Sheet	Apron	3			
Supridol : 100mg		01	Betadine Solution		2			
Justin : 12.5 mg / 25mg / 100mg		01	Microshield		01	Ryles tube 14		01
Tab. Misoprost : 200mg			Cotton Balls		01	Dopamin		01
Pcm		01	Latex Gloves		20	Nasal airway 28		01
02 mask [A]		01	Ramdone Scrub			Aequimentin 600mg		1
50 cc syringe		01	Sara J.V.R Set		01	Tranexa		01
NTG								
Dexamethazone								

Surgeon: ..... Anaesthesiologist: ..... Nurse: Archana 3/6/26 @ 6:30pm  
 Order No.: 26-0000203973/972 Ordered by: .....  
 Doc. No.: RCH / FRM / GENERAL / 125



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015320 Name : Mrs B LAVANYA  
Age / Sex : 52 Y 4 M 27 D / Female Doctor : SWAPNA SAMUDRALA  
Adm/Reg Date/Time : 03/06/2026 08:51 Payor : STAR HEALTH AND ALLIED INSURANCE CO LTD  
Order Date : 03/06/2026 18:35 Ordernumber : 26-0000203973  
Visit ID : IP26-00006482 Ward/Bed No : 4F -OT / PDA-413  
Patient Address : 1-7-574/23,SRI SRINIVASA NILAYAM ,GEMINI COLONY,RAM NAGAR, Attapur Ring Road, Hyderabad, Telangana, INDIA, 500028

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
2	ROCUNIMUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
3	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
4	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
5	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
6	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
8	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
9	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
10	STRATAFIX SPIRAL PDO (SXP2B407)	STRATAFIXSPIRALPDO (SXP2B407)	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
11	BCV INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	FOLEYS CATHETER 12FR POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
14	STRATAFIX SXPL2B400 1-0		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
16	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
17	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
18	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
19	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
20	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Dispensed
21	DSYRINGE 50 ML LUER SLIP NIPRO	SYRINGE 50ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

\* 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.



**ELECTRONIC MEDICINE PRESCRIPTION**

MRN : HNH-00015320 Name : Mrs B LAVANYA  
 Age / Sex : 52 Y 4 M 27 D / Female Doctor : SWAPNA SAMUDRALA  
 Adm/Reg Date/Time : 03/08/2026 08:51 Payor : STAR HEALTH AND ALLIED INSURANCE CO LTD  
 Order Date : 03/08/2026 18:35 Ordernumber : 26-0000203972  
 Visit ID : IP26-00006482 Ward/Bed No : 4F -OT / PDA-413  
 Patient Address : 1-7-574/23,SRI SRINIVASA NILAYAM ,GEMINI COLONY,RAM NAGAR, Attapur Ring Road, Hyderabad, Telangana, INDIA, 500028

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	POURHAZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	ONDORIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	ROMOVAC SET 16	ROMOVAC SET 16	1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
5	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
8	ADROCLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
9	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	DSYRINGS 3 5ML(INPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
11	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
12	RYLES TUBE 14 POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
14	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
15	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	NASOPHARYNGEAL TUBES 26	NASOPHARYNGEAL TUBE26	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	IRRIGATOR(T,U,R SET)	IRRIGATOR(T,U,R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
19	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
20	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
21	DEXAMETHASONE INJ 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
22	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
24	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% 100ML	1 ml.	/ Once Daily	1 Days		1 Nos	Dispensed
25	RELIPAR(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
26	NITROPLUS INJ 25 MG 5 ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
27	THEMPYRRNOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
28	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
29	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
30	NELTON CATHETER-10 POLYMED		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
31	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
32	DOTAMIN INJ 250 MG 5 ML		1 Ampule	External / Once Daily	1 Days		1 Ampule	Dispensed
33	MOPS 30X30 8PLY 6S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
34	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	MEBLU-N INJ 10 ML - N CARE REMEDIES		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
36	RYLES TUBE 16 POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
37	AEDUMENTIN INJ 800MG		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
38	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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