

# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : Subha Nandini Age : ..... Father's Name : ..... Age : 28y.  
 Date of Birth : ..... Date of Admission : ..... UHID No.: .....  
 NICU Consultant : Dr. Dinesh Kr. Chivla Referring Consultant : .....  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

## BIRTH INFORMATION

Name : Bio Subha Nandini Mother's Blood Group : Bave  
 Gender  M  F Blood Group : ..... Birth Weight (gms) : 2.134kg Length (cms) : .....  
 Date of Birth : 12/07/20 Time of Birth : 7:33PM OFC (cms) : .....  
 Place of Birth : Retl. Estimated Gesth Age : 36+3

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx : .....

Booked at what GA : 33+3 AN Steroids Drugs / Doses : .....

Last Scans Details : 6/5 - 35wks, 1.859, Doppler @, PAR stage I / total edw -

supra cardiac TAPV obstructed w/ confluence to ascending vein just above drainage into inferior v. cava, whole of the placenta

## MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs  
 Consanguinity :  Yes  No  
 If yes, degree of consanguinity :  1  2  3  
 H/o PIH (after 20 weeks) / PE  
 How many Drugs / Doses / Since how long : .....  
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....  
 IUGR - when detected : .....  
 Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....  
 AFI : .....

H/o GDM/ pre GDM/ on diet or insulin  
 Controlled or not, recent values, HbA1 values : .....  
 Compliance with Rx : .....  
 Scans : LGA, TIFFA , Fetal Echo : .....  
 H/o Hypothyroidism : when diagnosed ? Medication? .....  
 Any other Chronic Medical Problems, when detected drugs ? .....  
 ( Anemia, SLE, Jaundice, CHD, Heart Disease )  
 Infection : H/O, Fever  
 (  Malaria  UTI  TORCH  TB  HIV  HBV )  
 UTI : when : ..... Any culture : .....

PPROM: Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....





HISTORY OF PRESENT ILLNESS.

Antenatally detected TAPVC Observed  
with wide foremen oval

↓

Baby cried immediately after birth

Spontaneous Effort

↓

Initial steps done

HR - 130 bpm

SpO<sub>2</sub> - 22%

DR CPAP - started

fio<sub>2</sub> - Increased FIO<sub>2</sub> 70% → Used

↓

Switch to wire

Investigation details in previous Hospital :

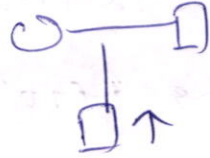
nil -

Feeding History :

nil -

Past History :

Family History :



Socio Economic History :

upper-middle

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

vigorous

VITALS : Temperature : 38.5 HR : 145 RR : 50/min NIBP : CFT :

Color of the extremities : blue

Jaundice : Pallor : SpO2 53%

ANTHROPOMETRY: Birth Weight : 2.134 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

**HEAD TO TOE EXAMINATION**

**HEAD :**  
Fontanelles :  
Sutures  
Shape / Moulding :  
Edema / Bruising :  
Size - (H.C.) :

Ⓝ

**FACIES :**  
(Any Facial  
Dysmorphism)

Ⓝ

**NECK and  
CLAVICLES :**

Range of Motion :  
Asymmetry :  
Masses :

Ⓝ

**EYES :**

Symmetry :  
Red Reflex :  
Discharge :

→ to be checked

**EARS, NOSE  
MOUTH and  
THROAT :**

Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

Ⓝ

**THORAX and  
BREASTS :**

Shape of Thorax :  
Position of Nipples and Number :

Ⓝ

**ABDOMEN and  
UMBILICUS :**

Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

2A + 2V

**GENITILIA :**

Labia / Hymen :  
Testicles/penis :  
Anus :

BU descended

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

Ⓝ

**SKIN LESIONS :**

**EXTREMITIES :**

Fingers / Toes :  
Deformities :  
Hip Joint Examination :

Arms / Legs :  
Mobility :

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress: RR: 50 SCR/ICR/See - Saw breathing : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : 3.1 DOJ. DRCPAP. .....

SpO<sub>2</sub>: 93.1 Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : ..... BP : .....

Precordial Activity : .....

Femoral Pulses : .....

Murmurs : (+) .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : Go .....

Hernia orifice : Intest .....

Palpation : Go .....

Anal Patency : patent .....

Palpable masses : .....

Umbilical Cord : .....

Abdominal girth : .....

First urine passed : - .....

Meconium passed : - .....

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : Go .....

State of wakefulness : .....

Prechtle Score : Go .....

Nerves : .....

MOTOR SYSTEM:

Passive Tone : Go .....

Active Tone : Go .....

Neonatal Reflexes : Go .....

Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Patient Sticker

Any Congenital Anomalies : ..... Observative TAPUC .....

Diagnosis : ..... Late present axial level observative TAPUC .....

**FOOT PRINTS**

Left Side :



Right Side :



**Resident Doctor :**

Signature : ..... [Signature] .....

Name : ..... P. Manuella .....

Date & Time : ..... 16/5/20 .....

**Consultant :**

Signature : ..... [Signature] .....

Name : ..... Dr. P. Manuella .....

Date & Time : .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

1. Name of the referring Doctor : .....

2. Name of the referring Hospital : .....

Address : .....

Contact Numbers : .....

3. Contact Details of the referring Doctor : .....

Mobile No. : ..... E-mail ID : .....

4. Name of the Doctor in Rainbow Team : .....

..... on whose name the patient is being referred.

**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

① CPAP - 5

② TV - 60ml/kg/day -  
10:1 Dextrose + calcium

Feeding Plan at the time of shifting : .....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

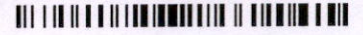
Doctor Signature (Handover Given): ..... Doctor Signature (Handover Taken): .....

Doctor Name: ..... Doctor Name: .....

Date & Time: ..... Date & Time: .....

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00173900      Admit Date : 16-May-2026      Admit Time : 08:46 AM      UHID : BAH-00656412

**Patient Details :**

Patient Name	: Baby Of G SUBHA NANDINI	Age	: 0 D
Guardian	: Mr MR. G S V SURYAKANTH	DOB	: 16-05-2026 07:32 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: #2-2-1136/2/A Nallakunta Hyderabad Telangana INDIA 500044	Phone No	: 7093542453/ 7731986591
		E-mail	: nomailid@gmail.com

**Admission Details :**

Bed Type : NICU      Bed No : NICU 245      Ward Name : 2F-NICU 1  
Room No : NICU 245      Admission Type : First Visit

**Contact Details :**

Name : Mr MR. G S V SURYAKANTH      Relationship : Father  
Contact Address : #2-2-1136/2/A Nallakunta Hyderabad      Phone No : 7093542453 / 7731986591  
Telangana INDIA 500044

  
Signature

**Doctor Details :**

Doctor Name : Dr. DINESH KUMAR CHIRLA      Specialisation : NEONATAL INTENSIVE CARE  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

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

**GENERAL CONSENT FOR TREATMENT**

Patient Name: Baby Of G SUBHA NANDINI Age : 0 Y 0 M 0 D 1 H  
IP No: IP5-00173900 Sex: Male  
Consultant: Dr. DINESH KUMAR CHIRLA Ward/Bed No: 2F-NICU 1/NICU 245

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.  
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.  
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.  
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative

Name: G. BADDANAGIRI

Relationship:

Date: 16/05/26

Witness Name:

Witness Signature:

Time: 8:46 AM

Patient Address:

#2-2-1136/2/A Nallakunta Hyderabad  
Telangana INDIA 500044

BAH-00656412 IP5-00173900  
Baby Of G SUBHA NANDINI  
16-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. DINESH KUMAR CHIRLA





BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Rainbow  
Children's  
Hospital

## BILLING POLICY

- **Billing cycle:** - With effective from 1<sup>st</sup> January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason th'en hospital tariff will he applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges for every TPA cases as per insurance.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

### INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

### MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only ), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

### Rainbow Children's Medicare Private Limi

Regd. Office: Road No. 2, Banjara Hills, Near Hotel Part Hyatt, Hyderabad - 500 034,

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyd

Branches: BANJARAHILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 4246 2300  
LB NAGAR - T: 71111333 | MARATHAHALLI, BENGALURU - T: +9180 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +9180 2551 2345

CIN : U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

www.rainbowhospitals.in

BAH-00656412 IP5-00173900  
Baby Of G SUBHA NANDINI  
16-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. DINESH KUMAR CHIRLA





### ADMISSION CRITERIA – NICU

**Admission / Transfer from:**

- Emergency     Outpatient (OPD)     Ward     Operation Theater     Others: .....

**Tick (✓) any of the following criteria requiring admission / transfer to NICU**

**Prematurity and Low Birth Weight Babies:**

- Respiratory Distress
- Congenital Heart Disease
- Suspected or CONFIRMED SEPTICAEMIA
- Suspected or Diagnosed Meningitis
- UTI
- Septic Arthritis or Osteomyelitis
- Congenital Infections (Varicella, Pneumonia)
- Acquired Viral Illness
- Hyperbilirubinemia
- Severe Dehydration
- Bleeding Manifestations
- Neonatal Seizures
- Birth Asphyxia
- Surgical Problems
- Suspected Metabolic Disorders
- Dysmorphic Features
- Congenital Serious Cutaneous Disorder

**Major Surgical Problems:**

- Congenital Hydrocephalus
- Neural Tube Defects
- Choanal Atresia
- Trachea- Esophageal Fistula
- Esophageal Atresia
- Congenital Diaphragmatic Hernias
- Eventration of Diaphragm
- Congenital Cystic Adenomatoid Malformation
- Intestinal Atresias
- Gastric Volvulus
- Cleft lip or Cleft Palate
- Omphalocele / Gastrochiasis
- Anorectal Malformations
- Gross Hydrouretero Nephrosis
- Posterior Urethral Valves
- Congenital Tumors
- Cystic Hygromas

*Supracardiac  
obstructive  
TAPVC*

**Criteria for shifting inborn babies from wards to NICU:**

- Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- Any Baby with Severe Jaundice Requiring Exchange Transfusion
- Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- Any Baby with Temperature Instability
- Any Baby with Signs of Sepsis
- Any Baby with Seizures
- Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: .....

*D. Chirala*  
*Dup nrl*  
*18/5/26*

Patient Sticker



## DISCHARGE CRITERIA – NICU

**Discharge to:**

- HDU / Step down ICU       Ward       Outside Facility       Others: .....

**Tick (✓) any of the following criteria requiring discharge / transfer from NICU**

- The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- Preterm babies maintaining normal temperatures (36.5-37.5°C) in room temperature.
- All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

*Handwritten signature and date: 05/2/01*

BAH-00656412 IP5-00173900  
Baby Of G SUBHA NANDINI  
18-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. DINESH KUMAR CHIRLA



andini  
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
18/15/2026	B/O Subh-Nandini	S/B Dr. Shreya
	2kg	
	Echo - obstructed supracardiac TAPVC. large PDA R → L shut wide PFO R → L shut good Atr.	
	Adv - 1 unit of FFP unit of packed cells 100ml of cord blood	
	<u>Shreya</u> <u>Dr. Shreya</u>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	<p>Superculation note</p>	
	<p>- Baby near intubated @ 3.5mm</p>	
	<p>ET, fixed @ 8cm, ↓ aseptic</p>	
	<p>precaution.</p>	
		<p>Insert</p>
	<p>Procedure note</p>	
16/5/26	<p>↓ <del>under</del></p>	
	<p>↓ aseptic pre-caution UAC &amp;</p>	
	<p>UVC was placed.</p>	
	<p>UAC at</p>	<p>17cm - fixed</p>
	<p>UVC at</p>	<p>8cm fixed</p>
		<p>Insert.</p>

# CONSENT FOR SPECIAL PROCEDURES

Patient Name : Bto L. SURYA MANINDANE Gender:  Male  Female

UHID No : 656412 Department : NECU Date : 16/5/26

I SURYAKANTI S/D/W/O .....

Here by give consent for procedure of : Endotracheal Intubation

For my patient, Named : .....

The doctors have clearly explained to me that the procedure has following possible complications:

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: .....

### Patient Attendant :

Signature : [Signature]

Name : Suryakanti

Relationship with Patient: Husband.

Date & Time : 16/5/26 @ 10-30am

### Witness :

Signature : [Signature]

Name : Kanayf

Date & Time : 16/5/26 @ 10-30am

### Doctor (who is taking the consent) :

Signature : [Signature]

Name : Rupajit

Date & Time : 16/5/26 @ 10-30Am

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

**CONSENT FOR ADMISSION  
IN NEONATAL INTENSIVE CARE UNIT**

BAH-00656412 IP5-00173900  
Baby Of G SUBHA NANDINI  
18-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. DINESH KUMAR CHIRLA



Name: B/o SUBHA NANDINI Age: 18 Gender: Male  Female   
UHID.No: bstbuz Date: 16/5/26

I SURYAKANTH S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o SUBHA NANDINI who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

The doctors have clearly explained to me that my patient B/o SUBHA NANDINI during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o SUBHA NANDINI in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

**Patient Attendant :**

Signature : [Signature]  
Name : SURYAKANTH  
Relationship with Patient: Husband.  
Date & Time : .....

**Witness :**

Signature : [Signature]  
Name : Laxay  
Date & Time : 16/5/25 10:30am

**Doctor (who is taking the consent) :**

Signature : [Signature]  
Name : Ruprajal.  
Date & Time : 16/5/25 @10:30am

# CONSENT FOR SPECIAL PROCEDURES

Patient Name : Dr. SURHA NANDING Gender:  Male  Female

UHID No : 656612 Department : NECU Date : 16/8/26

I SURANANDA S/D/W/O .....

Here by give consent for procedure of : UAC & UVE

For my patient, Named : Dr. SURHA NANDING

The doctors have clearly explained to me that the procedure has following possible complications:

.....  
.....  
.....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

.....  
.....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: .....

**Patient Attendant :**  
Signature : [Signature]  
Name : Suryakanta  
Relationship with Patient: Husband  
Date & Time : .....

**Witness :**  
Signature : [Signature]  
Name : harvey  
Date & Time : 16/8/26 10:50am

**Doctor (who is taking the consent) :**  
Signature : [Signature]  
Name : Rupali  
Date & Time : .....

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు.హెచ్.ఐ.డి ..... బిభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....  
.....  
.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు (అటెండెంట్) | 21

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి  
సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....