

**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout, Sy. No. 21 &amp; 27, Part of Chinagadili, GVMC Limits, Govt General Hospital Kda, Vishakhapatnam, Andhra Pradesh, INDIA, 530040.

TEL NO : 891-3501601

WEB : <https://rainbowhospitals.in>**ADMISSION SHEET****Registration Details :**

Admission No : IP22-00023377

Admit Date : 25-Jun-2026

Admit Time : 08:01 AM UHID : HCV-00025872

**Patient Details :**

Patient Name : Mrs BOKAM LAKSHMI

Age : 28 Y 6 M 15 D

Guardian : Mr DHAMODAR RAO

DOB : 10-12-1997

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : TAVAVANIPALEM SABHAVARAM Pendurthi  
Vishakhapatnam Andhra Pradesh INDIA  
531173

Phone No : 9573403722

E-mail : LAKSMISRI98756@GMAIL.COM

**Admission Details :**

Bed Type : GENERAL WARD

Bed No : GW 323

Ward Name : 3F-THIRD FLOOR

Room No : GW 323

Admission Type : First Visit

**Contact Details :**

Name : Mr DHAMODAR RAO

Relationship : W/O

Contact Address : TAVAVANIPALEM SABHAVARAM Pendurthi  
Vishakhapatnam Andhra Pradesh INDIA 531173

Phone No :

*Dr. Damalac Rao*  
Signature

**Doctor Details :**

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

**Payment Details :**

Deposit Amount : 0.00

Payment Mode : Cash

Payment Mode : SELFPAY

Indra



### ACTIVITY RECORD FOR BILLING

Name: Ms. B. Lakshmi

UHID No : ..... IP # HCV-00025872 IP22-00023377

Date of Admission : ..... 10-12-1997 28 Y 6 M 15 D (F) ant : ..... Dept : .....

Room / Bed No : ..... Dr. CHUPPANA RAGA SUDHA of Discharge: ..... Time: .....

Suggested Billable bed type: .....



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	9:00am	MICU	<del>323</del> OT	chris
25/6/26	10:00am	OT	MICU	chris
25/6/26	11:00pm	MICU	323	chris

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirajee	25/6/26	1232	MD
2.	Lactation consultation Rejected.			Pat
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Man checked by kumar*









# I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *for Repeat Elective LSCS + Bil Tubectomy*

LMP: *27/09/2025* EDD: *01/07/2026*

Corrected EDD: *11/07/2026* GA: *38wk 5 days*

Obstetric Formula :

Menstrual History: Regular:  Yes  No *4-5d / 28-30d / M/P/L*

Obstetric History:  
*G1 - 2025 / FT / Pw / 3.5kg / 15 month / LSCS H/O failed Induct w/o GDM*

Obstetric Examination  
 Fundal Height *Ut ~ term, 1 Pf scar ⊕*

Present Pregnancy Record  
*G2 - Spontaneous conception - immunise - books*

- Ut. Activity:  Relaxed  Mild  Mod  Severe  
 Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech Others \_\_\_\_\_  
 Head Fifths Palpable *5/5*  
 FHS:  Normal  Tachy  Brady  Absent

**RISK FACTORS:**

*PEP - Adhesion*

**Per Speculum Examination ⊕**

- Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination ⊕**

- Cervix:  Long  Partially effaced  Effaced  
 Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_  
 Membranes:  Present  Absent  
 Liquor:  Clear  Meconium  Blood Stained  
 Presenting Part:  Vertex  Breech  Others  
 Sutton:  -3  -2  -1  0  +1  +2  
 Pelvis:  Adequate  Doubtful

Height: *141*.....cm  
 Weight: *64.6*.....kg  
 Allergies: *nil*  
 Breast  Normal  Abnormal  
 General Examination:  
 Consciousness: *conscious* Pallor: *Out*  
 Icterus: *Out* Edema: *Out*  
 Temp: *Afebrile* PR: *86b/min*  
 BP: *120/70 mmHg* DTR: *⊕*  
 CVS: *S2 ⊕* RS *Spont 90%*  
 Liver / Spleen: *NAD* Urine Output: *nil*

**DIAGNOSIS**

*G2 P16 | 38wk 5day pog | PEP | for Repeat Elective LSCS + Bil Tubectomy*

<p>Family History DM, HTN</p>	<p>Surgical History - LSCS in 2025</p>
<p>Medical History: - nil -</p>	<p>Medication History: - nil -</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Informed written consent</li> <li>- FHR ⊕</li> <li>- Vitals ⊕</li> <li>- PAC</li> <li>- Preop Rx</li> <li>- NPO for solids and liquid</li> <li>- Shift to OT area</li> </ul>	<p>Investigations: Late growth scan on 20/06/24 @ 38w6d</p> <ul style="list-style-type: none"> <li>- cephalic presentation</li> <li>- anterior placenta</li> <li>- AFI: 11.5cm</li> <li>- EFW: 3174g (46%ile)</li> <li>- Doppler ⊕</li> <li>- Single loop around neck</li> <li>- LUS: 3.3cm</li> <li>- BgT - <span style="border: 1px solid black; padding: 2px;">O positive</span></li> </ul> <p><u>20/6/24</u></p> <p>Hb: 11.1gm/dl Plt: 3.07lak</p> <p>PTa: 0.81 TSH: 1.31</p> <p>HIV } HBSAg } Non reactive. Anti HCV } VDRL }</p>

Doctor Name: A. Laxmya Sivasan  
 Signature: [Signature]  
 Date & Time: 20/6/24 @

Consultant Name: D. Ch. Prasad  
 Signature: .....  
 Date & Time: .....

HCV-00025872 IP22-00023377  
 Mrs BOKAM LAKSHMI 28 Y 6 M 15 D (F)  
 10-12-1997  
 Dr. CHUPPANA RAGA SUDHA



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Amival 25/06/2026 @ 5:30 AM

**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:** ..... Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Krupashika  
 Time Notified: 5:32 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	yes	yes

<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>6dcys</u></p> <p>Onset of Menarche: <u>11yrs</u></p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>22/09/2025</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G 2 P 1 L 1 A .....

**Previous LSCS:** yes

**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: 98.4f HR: 94bmt RR: 20bmt  
 BP: 122/81(95) Weight: 63kg Height: 143 BMI: .....

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

## PHYSICAL ASSESSMENT

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score 28 (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score 20 (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

**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 husband

**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: ms. B. Laxmi

Orientation not given Reason: -

Nurse Signature: Shami

Nurse Name: Shami

Date & Time: 25/06/2026 @ 5:32 AM

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>25/06/2022</del>	<del>11 AM</del>	<u>Immediate post-op note.</u>
		<u>P<sub>2</sub>L<sub>2</sub> - POD '0' (ceases clots pop) + Bl-Tubectomy.</u>
		Rp
		GC: no pain 1) NPO x 6hr
		no PE ↓
		Afebrile Sips @ 5:30pm aft checks
		Bp: $\frac{110}{70}$ mmHg Soft diet @ 6:30pm
		PR: Subtle 2) IVF $\left\{ \begin{array}{l} 2 \text{ @ } 8 \text{ hr} \\ - 2 \text{ @ } 12 \text{ hr} \\ 1 \text{ @ } 16 \text{ hr} \end{array} \right\}$ @ 80ml/hr
		RR: 16/min
		HL: NAD
		PIA: ut retained new 3) 1g PANTOP 4mg qd 24hrly <input type="checkbox"/>
		O/E: NAB
		Bl- Breast soft 4) 1g Pen 1gm 1hr 8th hrs <input type="checkbox"/>
		Baby: well with sides
		Utop: 200ml clear 5) w/f active bed pl-
		6) Exclusive breastfeeding
		7) Input/Output monitoring
		8) Ambulation
		9) Vitals <input checked="" type="checkbox"/>
		10) Inform <input checked="" type="checkbox"/>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/06/2026  
3pm

CLSB - Dr. Padmavalli (Reg)  
Dr. Nihita (Pu) / Dr. Anshu (Pu)

P2L2 / POD-0 El CCS & SIL tubectomy.

ac fais

Afebrile

SP -  $\frac{110}{80}$  mm Hg

PR - 90 bpm

RR - 18 bpm

H/C - No abnormality detected

PA - Uterus retracted well

EL Breast soft

Baby is well  
mother side

VO - 90ml / some engorgement  
(clear)

ado

- ① Start oral sips at 5:30pm  
6lb soft diet @ 6:30pm
- ② Continue IVF and IV medication  
as per drug chart
- ③ w/d active PV bleeding
- ④ exclusive breast feeding
- ⑤ No charting
- ⑥ Ambulation
- ⑦ monitor vital  
signs

Nihita

N.B. Divya  
25/6/26



26/6/20  
8:30am

CLS (B Dr. RagaSudha (consultant)  
Dr. Nikhat (Reg)  
Dr. Sowmy (PC), Dr. Niranjana (PC)

P2L2 | POD-1 | CL-LSCS + BIL tubectomy

CC: fair

Afebrile

BP: 101/73 mmHg

PR: 86/min

RR: 14/min

Ab: No abnormality detected

PA: uterus retracted well

OG: No active bleeding

BIL Breast soft

Baby well in mother side

Urine Output: 230ml in 24hrs

Foley's removed

↓  
6 ml/hr

- 8
- 1) Soft diet with plenty of oral fluids
  - 2) T-ACECLOPLUS 500mg po  
8th hly
  - 3) T-PANTOP 40mg po 2x hly
  - 4) Exclusive breast feeding
  - 5) w/o bleeding ptr
  - 6) Ambulation.
  - 7) Monitor vitals
  - 8) Reforms. O.S

*[Handwritten signature]*



26.6.26  
10:30pm

P<sub>2</sub>L<sub>2</sub> 'i' POD

c/s by Dr. Ashatama / Dr. Nihitane (P/S)

HL: fair

vitals: stable

H&L: NAD

P/A: ut retracted  
well

O/E: NO active  
bleeding Plv

Baby well  
Breast soft

- R
- 1. Reg. diet
- 2. Plenty of oral fluids
- 3. Continue q as per chart
- 4. vitals
- 5. Ambulation
- 6. Breast feeding
- Lysine 300.

Shr

N.B Moulder

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00025872 IP22-00023377

Mrs BOKAM LAKSHMI  
10-12-1997 28 Y 6 M 16 D (F) .....  
Dr. CHUPPANA RAGA SUDHA .....  
A .....  
I. ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/2024	8 AM	SI B Dr. Nikhat (Reg) Dr. Soumya (PA) / Dr. Niroshini (PA) Dr. Nisha (PA) / Dr. Nithita (PA)
		P2L2   POD - II . EL USSG + SIC Insechomy
		no fairs <u>incho</u> Afebrile
		BP - $\frac{110}{70}$ mmHg (1) regular diet c plenty of oral fluid
		PR - 80 bpm (2) F. Accropus sang
		RR - 14 cpm Plo 8th hly
		HLC - No abnormality detectory
		PA - uterus retracted well (3) T. PANTOP 10mg Plo 24th hly
		OE - No active PU bleeding (4) Exclusive breast feeding
		SIC breast soft (5) w/ active PU bleeding
		Breast mother side
		urine passed (6) Ambulation
		stool not passed (7) monitor vital
		(8) inform staff
		<u>juste</u> <u>add</u> Gyp. GAVISCON 10mg po tid

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

# RESULT SHEET

Ref No : F / HW / RS / INPR / 17

HCV-00025872

IP22-00023377

Mrs BOKAM LAKSHMI

10-12-1997

28 Y 6 M 15 D

(F)

Dr. CHUPPANA RAGA SUDHA



- Sheet No. : .....

Date	20/2/26				
Time					
Hb	11.1 mg/dl				
PCV					
RBC					
WBC					
N/L					
Platelets	3.07 lakh				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
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					
Doctor's Signature					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGIT	o+ve					
HIV	} NR					
HBSAg						
HCV						
VDRL						
Doctor's Signature	d					

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

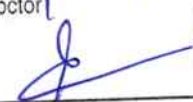
                  Others (ECG, Contrast Studies etc.,) : .....





Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> Cyp-GAVISCON				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
10ml	Po	8ly	27/6																	
Name & Signature of the Doctor starting the Drugs :																				
																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

VARIABLE DOSE		Date						
		Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.		
<b>DRUG :</b>		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.

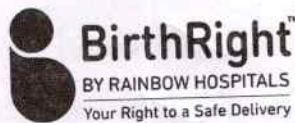
VARIABLE DOSE		Date						
		Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.		
<b>DRUG :</b>		Dose		Dose		Dose		Dose
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.
Route	Start Date	Dose		Dose		Dose		Dose
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.
Name & Signature of the Doctor		Dose		Dose		Dose		Dose
		Dr Sign.		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
25/6	7:20 AM	1ij PANTOP	40mg	IV	[Signature]	Saks Jhu
25/6	7:29 AM	1ij ONDAN	4mg	IV	[Signature]	Jhu Sak
25/6	7:45 AM	1ij TAXIM	2gm	IV	[Signature]	Sak Jhu
25/6	9:22 AM	1ij OXYTOCIN	10U	IM	[Signature]	Pandey
25/6	9:30 AM	1ij TRAPIC	1gm	IV	[Signature]	Pandey
25/6	9:35 AM	1ij METOPROLOL	0.2mg	IV	[Signature]	Pandey
25/6	11 AM	1ij JUSTINE	200mg	PLN	[Signature]	Indra



Ref No. F/GYNIC/16



**CAESAREAN SECTION OPERATIVE NOTES**

Name: Mrs. B. Lakshmi Consultant I/C: D. Ch. Raja Sridhar Reg. No. \_\_\_\_\_

Surgeon's Name: <u>D. Ch. Raja Sridhar</u>	Date of delivery: <u>25/06/2026</u>
Assistant surgeon: <u>Dr. Ashalatha</u>	Time of delivery: <u>9:22 AM</u>
Anaesthetist: <u>Dr. praveen</u>	Sex of baby: <u>Female</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>3.520 kg</u>
Paediatrician: <u>Dr. Manikaran</u>	Apgar Score: <u>8-9/10</u>
Scrip Nurse: <u>Sudrami sista</u>	NICU Admission: <u>no.</u>

Elective  Emergency  Indication: Pcp

- Urgency  Immediate threat to life of woman or fetus  
 Maternal or fetal compromise not immediately life threatening  
 No maternal or fetal compromise but needs early delivery  
 Delivery time to suit woman and staff

Decision time: \_\_\_\_\_ Knife to rectus: 5min.

CTG description reactive

If there was a delay give the reasons: \_\_\_\_\_

**EXAMINATION FINDINGS WHEN APPROPRIATE**

Presentation:  <sup>op</sup> Cephalic  breech  Other \_\_\_\_\_ Cervical dilatation: - cm

5th palpable: Stk Fetal position: op.

Station: -3  -2  -1  0  +1  2

Caput: +  ++  +++  Moulding: None  +  ++  +++

Bladder catheterized Yes  No  Urine: Clear  Blood stained

Skin incision: Pfannenstiel  Transverse  midline  other

Uterine incision: Lower segment  Classical  Inverted T  J incision

Previous scar: Intact  Thinned out  Ruptured  No scar

Incision through placenta: Yes  No

Delivery of head: Manual  Forceps

Liquor: clear  Meconium: I  II  III  Blood  Offensive  Not offensive

Delivery of placenta: Manual  CCT  Complete  Incomplete  Piecemeal

Cord appearance: \_\_\_\_\_ Cord around the neck <sup>loop</sup> Yes  No

Appearance of placenta: \_\_\_\_\_ Cavity explored Yes  No

Uterus, tubes and ovaries: Normal  Not normal  Sterilization Yes  No

Complications / Comments: Delayed cord clamping done. Sterilization done via Modified Pomeroy technique. Multiple bleeders noted and cauterised.

Uterine closure: One Layer  Two layers  no 1-0 vicryl Suture

Peritoneal closure: Pelvic  Abdominal  None  \_\_\_\_\_ Suture

Sheath closure: \_\_\_\_\_ no 1-0 vicryl Suture

Fat closure: Yes  No  \_\_\_\_\_ Suture

Skin closure: Subcuticular  Matters  2-0 rapia vicryl Suture

Vagimeva evacuated: Yes  No  Estimated blood loss: < 500 ml

Drain: Yes  No  Remove in \_\_\_\_\_ days Await instructions

Catheter: Yes  No  Remove in 24 hrs days Await instructions

Swap & instruments count correct? Yes  No  Post-op antibiotics: Yes  No

Intraoperative antibiotics cover: Yes  No  Thromboprophylaxis: Yes  No

Post operative Comments: Follow post op order

  
Signature

Date: 25/6/26

Time: 4:30 AM

Name: B. Lolesime

Proposed Operation

Elective LSCG + 5/6 tubectomy

Age: 28

Preoperative Diagnosis

A2 P1, 4 238/105 2 Pcp.

Sex: F

B.P. 120/70 H.R. 86/min R.R. 18/min Temp 37.2 C Height 141cm Weight 64kg Physical Status 1 (2) 3 4 5

I.P. No. 23377

LABORATORY DATA

Hgb 11.1	Glucose 118	Protien	HIV	X-ray	Other:
PCV	Urea	Alb	HBS Ag <u>+</u>	ECG	
WBC 10500	Creat	Total Bill	HCV	2D Echo	
Plate 3.07 x 10 <sup>9</sup>	Na	Dir. Bill	Blood group <u>O-ve</u>	Stress/Angio	
PT	K	LDH	Other		
PTT	Ca++	Alk phos	TSH = 1.31		
INR	Mg++	Amylase	Free T4 = 0.81		
				Allergies: -	

Medical History: -

CVS: -

RESP: -

CNS: -

Diabetes: -

Renal: -

Hepatic / GE: -

APD+/- -

Others: -

Past Anaesthetic History: LSCG ↓ SAB due to failed induction

Physical Exam

Airway MP 1 2 (3) Mouth Opening 7.5cm Mentohyoid Distance: 7.5cm Neck: r Teeth: No loose

Lungs: (N) B/L VBS

Heart: S2 S1

CNS: normal

Pupils: (N)

EVM 15/15

Others: Pallor: + (E)

Venous Access Site: same Spine Exam for regional: Spine felt

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief iv analgesic Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT YES/NO LMP

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form: nyt 10pm
3. Informed Consent Standard / High Risk
4. 2g paracetamol 4amp iv
5. 2g oxycodone 4amp iv
6. 2g tramadol 1gm iv

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: SaO2:

R.R.: Last Feed:

B.P./C.T.Y.:

Signature: O. Mmolele



**POSTANAESTHESIA CARE UNIT RECORD**

**Department of Anaesthesiology  
AXON ANAESTHESIA ASSOCIATES**

Anaesthesia : General  Epidural  Spinal  Other Regional

Anaesthesiologist : Dr. Praveen Surgeon : Dr. Raga Suddha Procedure : LSCS

Received in PACU by : pradeep / Grijya Time in : 10AM Time Out : 1pm

O RESP PULSE >< BLOOD PRESSURE 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	10AM 140 110 90 98-110		Pre-Op BP OR BP O <sub>2</sub> Begun Ended Method		INTAKE/OUTPUT IN OUT Emesis NO NO Gastric Suction NO NO Voided NO NO Urinary Catheter YES NO Chest Drainage NO NO Wound Drainage NO NO Recovery Room Blood Given NO NO PO FLUID NO NO IV FLUID YES NO TOTAL			
			O <sub>2</sub> Mask : <u>NO</u> Nasal Prongs : <u>NO</u> Ventilator : <u>NO</u> Cannula : <u>YES</u> Trach Collar : <u>NO</u> T-Place : <u>NO</u> Always : NETT <u>NO</u> TRACH <u>NO</u> NASAL <u>NO</u> OETT <u>NO</u> ORAL <u>NO</u>					

POST ANAESTHESIA SCORE	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
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		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		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION		2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS		2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 1 COLOR		2	2	2		
TOTAL		10	10	10		

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia <u>NBM 6hrs post surgery</u>
			2. Analgesia <u>Inj. PCM - 100ml iv Tid</u>
			3. Fluids <u>IV ← 20RL @ 80ml/hr</u>
			4. Anti Emetics <u>10DNS</u>
			5. PCA/Epidural/ I.V. Infusion <u>Monitor vitals</u>
			6. <u>Inform Sos</u>

Evaluated and discharged by : Dr. Dr. Praveen Transferred to Unit by Grijya

Discharged by : (Nurse) Grijya Received on Unit by Kanpa





# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : ..... mx: B. Lakshmi ..... Age : .....  
 Gender : M  F  - IP No : ..... Consultant : Dr. Ragaveche .....  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. O. Manojin .....  
 Operative procedure planned : ..... Elective LSC + b/l tubectomy .....

**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 event 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 without numbness 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 doctor 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 mellitus                       Renal failure
- Hepatic disorders                       Shock                       Multiple organ failure                       Polytrauma / RTA
- Incapacitating COPD                       Others : hypotension, tachycardia, concern ECG

Comments : ..... PDPH .....

Doctor to document in medical record also if necessary (Cross-out if not applicable)

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient  
 ..... B. Lakshmi ..... the above mentioned operation I Diagnostic I Therapeutic procedures  
 ..... Elective LSC + b/l tubectomy .....

I authorize and give consent for anaesthesia (  Regional /  General Anaesthesia /  Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant:  Yes  No

### DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

#### Patient Attendant :

Signature : ..... Damodara Rao .....  
Name : ..... B. DAMODARA RAO .....  
Relationship with Patient : ..... HUSBAND .....  
Date & Time : ..... 25/06/26 .....

#### Witness :

Signature : ..... B. Indrani .....  
Name : ..... B. Indrani .....  
Date & Time : ..... 25/06/26 .....

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

Signature : ..... O. Monali .....  
Name : ..... O. Monali .....  
Date & Time : ..... 25/6/26 @ 7:40AM .....

# Informed Consent for Surgery or Special Procedure

Patient Name : Mrs B. Lakshmi Age : 28y Gender : F

UHID / IP No: .....

## 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).....  
Repeat Elective UGS + BIC Tubotomy  
..... upon .....

(Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize 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 the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Infection, Injury to adjacent organ & their repair- Adhesions  
failure of sterilization, Risk of ectopic pregnancy

### 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 and consent to the performance of the operation or procedure.

**Consentee:**

Signature : B. Lakshmi  
Name : B. Lakshmi  
Date & Time : 25.06.2026

**Relative**

Signature : Damodar Rao  
Name : B. DAMODARA RAO  
Relationship with patient : HUSBAND

**Witness:**

Signature : B. Indri  
Name : B. Indrani  
Date & Time : 25/6/26

Signature : [Signature]  
Date & Time : 25/6/26

Name of Doctor : A. Ch. Raj. Reddy

**CLEARANCE FOR SURGERIES / PROCEDURE**

DATE:

25/06/2026

DEPARTMENT

OBG

NAME:

ms. B. Lakshmi

UHID / I.P.NO.:

Hw-00025872

WARD / BED NO.:

ward

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Elective USG + B/L Tubectomy

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO.:

CLEARANCE GIVEN BY:

NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



3

## SURGERY DETAILS

SI.No. \_\_\_\_\_ Date: 25/06/26

Patient Name : B. Lakshmi Age: 28 yrs Sex: Female

UHID No. : HCV-00025872 IP No: 23377

Date of Surgery: 25/6/26 OT:  OT 1  OT 2  OT 3

Name of the Surgery : LSCS + B/L Tubectomy

Time in: 9:00 AM Time Out: 10:00 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Ragasudha</u>	.....
2. Anaesthetist	<u>Dr. Praveen</u>	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	.....	.....
5. Circulating Nurse	<u>eswari</u>	.....
6. Asst. Nurse	<u>andhani</u>	.....

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 690998/999 Ordered by: .....

L.S.C.S Tubectomy

Ref. No F/CONB/SUR/OT/02

CONSUMABLES  
OF OT

Patent Name : B. Lakshmi Age: 28/1  
Gender M UHIS/IP NO. 25642/23377  
Date : 25/6/26 Time : 9AM

Circulating Staff:..... Technician:.....

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit.K		01
LMA			Sutures			Cord clamp		01
ECG leads : A/P/N			vicryl 2762		01	Suction Catheter		
HME filter : A/P/N			2347		02	Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves 6 1/2		04	Surgical Gloves 6 1/2 + 7		14
02 cc			6		01	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		01
Cautery Plate : A/P/N			Surgical blade 22		01	Surgical Blade # 22		01
IV set			NG tube			Koochies (S)		01
RL			Cautery Pencil			Alcohol swabs		02
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		01			
Morphine			Gauze Pack					
Ketamine			Mop Pack		01	Newman pad		01
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter 16F		01			
Pencan 23g/Spinal Needle 22			Urobag		01			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet		01			
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		06			
			Ramdione Scrub					
			Saral					

25/6/26

Surgeon: 1049/1055 Anaesthesiologist: Ordered by: Nurse: OT Technician: pawan

# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospitals - Visakhapatnam



Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.  
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040  
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,  
Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP22-00023377	Ward	3F-THIRD FLOOR
Patient Name	Mrs BOKAM LAKSHMI	Bed Name	GW 323
Age/Sex	28 Y 6 M 15 D / Female	Order No	22-0000691049
Date	25/06/2026 12:49	Prescription No	PRIP22-0292075
Payor	SELPAY	Dispensed Date	25/06/2026 14:13
UHID	HCV-00025872		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblue	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
4	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
5	FOLEYS CATHETER 16- UROCATH		GENERAL	G26B120058	01/31	1	259.50	259.50
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
7	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
8	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	6	23.43	140.58
10	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	4	91.00	364.00
11	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
12	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
13	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
14	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	1	170.00	170.00
15	UROBAG (ADULT) - URODYNE		GENERAL	K25J050041	09/30	1	395.00	395.00
16	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
17	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00
<b>Total :</b>							<b>3,990.28</b>	<b>5,435.17</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits.  
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040  
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

<b>IP No</b>	IP22-00023381	<b>Ward</b>	3F-THIRD FLOOR
<b>Patient Name</b>	Baby B/O BOKAM LAKSHMI	<b>Bed Name</b>	CRDL-GW -323-1
<b>Age/Sex</b>	0 Y 0 M 0 D 4 H / Female	<b>Order No</b>	22-0000691055
<b>Date</b>	25/06/2026 12:52	<b>Prescription No</b>	PRIP22-0292077
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	25/06/2026 14:14
<b>UHID</b>	HCV-00041041		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	2	4.09	8.18
2	BABY DIAPER SMALL 5S- HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	1	91.00	91.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
<b>Total :</b>							<b>466.41</b>	<b>470.50</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

# CONSUMABLES OF OT - 215

Patent Name: laxmi Age: .....  
Gender M  F UHIS /IP NO.....  
Date: 25/6/26 Time: .....

Circulating Staff: parvati Technician: pradeep

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)
	Issued	Used		Issued	Used	
ET tube			Major Pack			Inj. Vit.K
LMA			Sutures			Cord clamp
ECG leads : A/P/N		03				Suction Catheter
HME filter : A/P/N						Feeding Tube
Syringe 10 cc						Vaccum Suction Set
05 cc		01	Gloves			Surgical Gloves
02 cc						Gauze Pack
01 cc						Syringe 1 m/ 2 ml
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20
IV set			NG tube			Koochies (S)
RL		01	Cautery Pencil			
NS: 10ml/100ml/500ml/1000ml		01	Koochies			
2. oxytocin		04	Ointments			
oxy gen mask (A)		01	Suction Catheter			
Fentanyl			Cap. Mask			
Morphine			Gauze Pack			
Ketamine			Mop Pack			
Propofol			Steristrip			
Rocuronium			Underpad			
Glycopyrolate			Draw Sheet			
Myopyrolate			Abgel			
Ondansetron			Foleys Catheter			
Pencan 23g/Spinal Needle 27		01	Urobag			
Bupivacine 0.25%			Chest Drinage Catheter			
Bupivacine 0.25%(Heavy)		01	Romodrain bag			
Antibiotics			Bandage			
2. Bioramic		02	Tegaderm			
Suppositories			loban			
Anamol : 80mg/250mg/170 mg			Double J Stent			
Supridol 100mg			Vaccum Suction set			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet			
Tab. Misoprost : 200mg			Betadine Solution			
ij. Butadol		01	Microshield			
ij. PCM		01	Cotton Balls			
ij. Midaz		01	Latex Gloves			
			Ramdione Scrub			
			Saral			

Muk  
25/6/26

Surgeon Dr. Rajasudhe Anaesthesiologist Dr. Praveen Nurse Sudhawi OT Technician  
Order No: 691060 Ordered by: Mary

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospitals - Visakhapatnam**

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040  
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,  
Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP22-00023377	Ward	3F-THIRD FLOOR
Patient Name	Mrs BOKAM LAKSHMI	Bed Name	GW 323
Age/Sex	28 Y 6 M 15 D / Female	Order No	22-0000691060
Date	25/06/2026 13:06	Prescription No	PRIP22-0292106
Payor	SELPAY	Dispensed Date	25/06/2026 17:40
UHID	HCV-00025872		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10O03	10/27	2	73.23	146.46
2	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	1	30.65	30.65
3	BUTODOL 2MG INJECTION			KP095042	09/27	1	91.10	91.10
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	1	21.56	21.56
5	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
6	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
7	MEZOLAM INJ 1 MG 10 ML	Neon Laboratories Ltd	H	V305926	12/27	1	63.15	63.15
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	1	93.94	93.94
9	OXYGEN MASK WITH TUBING (ADULT)	Polymed		G26B040171	01/31	1	336.00	336.00
10	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	R2C260597	02/28	1	737.08	737.08
11	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
12	SPINAL NEEDLE - 27G	BECTON DICKINSON (BD)		G230710709	06/28	1	196.88	196.875
<b>Total :</b>							<b>1,792.88</b>	<b>2,044.81</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY  
VEMPADA