

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023358

Admit Date : 23-Jun-2026

Admit Time : 12:14 PM UHID : HCV-00039967

Patient Details :

Patient Name : Mrs GUNUPURU ROHINI .

Age : 27 Y 4 M 17 D

Guardian : Mr V GOWTHAM

DOB : 06-02-1999

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Pothinamallayapalem Visakhapatnam
Andhra Pradesh INDIA 530041

Phone No : 7337328278/

E-mail : no@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PRI 306

Ward Name : 3F-THIRD FLOOR

Room No : PRI 306

Admission Type : First Visit

Contact Details :

Name : Mr V GOWTHAM

Relationship : W/O

Contact Address :

Phone No :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name:-----

UHID No :..... HCV-00039967 IP22-00023358 Consultant :.....Dept:.....
Mrs GUNUPUR ROHINI .

Date of Admission :... 08-02-1999 27 Y 4 M 17 D (F) ...Date of Discharge:.....Time:.....
Dr. CHUPPAN/RAGA SUDHA

Room / Bed No :.....  ...Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	1:40pm	micu	LDR 9	Pawan
23/6/26	3:10pm	LDR 9	micu (306)	Pawan
23/6/26		micu	306	Pawan

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha Samuel	24/6/26	90852	Prath
2.	Joshi Ramya	24/6/26	90850	Ramya
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/6/26	IV placement	①	90589	Guy
23/6/26	NVD done by DR. Ragesudha	①	690627	malathi
	random ✓ CA.			
	Time in:- 1:40pm			
	Time out: 2:40pm			

*cancel checked by
Sivudu*

ANY OTHER INFORMATION

Date:

Time:

Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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HCV-00039987 IP22-00023358
Mrs GUNUPURU ROHINI .
08-02-1999 27 Y 4 M 18 D (F)
Dr. CHUPPANA RAGA SUDHA



306

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/6/26 Time: 9 AM

Origin: INDIA Height: 157.5 cm Weight: 80 kg BMI: ~ 26 kg/m² ~ 28 kg/m² ~ 30 kg/m²

Food Allergies: - Nil -

Diagnosis: Prim: 1 3 weeks 6 days POC / GDM on OHA / in active labor for SPO2 / Hypothyroid

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

Liquid Diet - ORS / Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet - Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet - Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet - Brown Rice / Oats / Dahlia / Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's
Signature: G. Rohini

Name: Rohini

Date & Time: 24/6/26 9 AM

Dietician's
Signature: J

Name: J. ...

Date & Time: 24/6/26 9 AM

HCV-00039867
 Mrs GUNUPURU ROHINI
 08-02-1999 27 Y 4 M 17 D (F)
 Dr. CHUPPANA RAGA SUDHA

Patient



I.P. ADMISSION SHEET OBSTETRICS

Presenting Complaints *labor pain*
 8:30 AM

LMP: *21/09/2022* EDD: *01/07/2026*

Corrected EDD: GA: *38wks 5days*

Obstetric Formula: *primi*

Menstrual History: Regular: Yes No *5/30days*

Obstetric History: *primi*

Obstetric Examination *ML: 10 months, NCM*

Fundal Height *ut term*

Ut. Activity: Relaxed Mild *3d* Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable *4/5th*

FHS: Normal Tachy Brady Absent

Present Pregnancy Record

G₁ - spontaneous conception
- immunized
- booked

RISK FACTORS:

ARM a-ONA: 6th month
Hypothyroidism: 3rd month
T. Thyronorm 25mg p/b
2 c/mthly.
PE screen +ve = 11 weeks + 6 days
→ USG + Doppler
→ at 19 weeks 2 days

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long *90%* Partially effaced Effaced

Os: Closed _____ Dilated *6-7cm*

Membranes: Present Absent *BOM ⊕ → ARM clean leak ⊕*

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Height: *157.5* cm

Weight: *80.70* kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: *conscious & coherent* Pallor:

Icterus: Edema:

Temp: *Afebrile* PR: *81/min*

BP: *100/76 mmHg* DTR:

CVS: *S1, S2 ⊕* RS: *⊕ Vesicular breath sounds*

Liver / Spleen: *NAD* Urine Output: *Normal*

DIAGNOSIS

primi | 38wks 5days preg | 9am a-ONA in active labor for spont / Hypothyroidism.



<p>Family History</p> <p>father - HTN, expired</p>	<p>Surgical History</p> <p>Nil</p>
<p>Medical History:</p> <p>DM AOUA</p> <p>Hypothyroidism</p>	<p>Medication History: → Used T. Eucospin 150mg from 12w6day to 19w6day</p> <p>15. METFORMIN 500mg po AD 8th Wk 1-1.</p> <p>↓</p> <p>12th Wkly (∴ 1 week)</p> <p>T. Theponorm 25mg po.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - Informed written consent - DMct up - FHR @ every 15min - CTG @ utu wkly - Wk ut action; labor progress - Wk bld pls, Leuc pls - Part preparation - Vitab @ - GRBs - 94mg/dl - Infusions: 	<p>Investigations:</p> <p>12/3/20 Hb: 13.6 gm/dl</p> <p>22/6/20 RBS: 94mg/dl</p> <p>18/1/20 TSH: 3.6, HbA1c → 5.5%</p> <p>12/3/20 TSH: 1.8</p> <p>12/3/20 COT: 161mg/dl</p> <p>12/3/20 H/W, HBSAg, H/W, VDRL } Non Reactive.</p> <p>21/6/20 SHUG @ 36w/day</p> <p>presentation: cephalic</p> <p>placenta: posterior</p> <p>AFI: 10.2</p> <p>EFW: 2.822Kgs (49% FL)</p> <p>Doppler: Normal.</p>

Doctor Name: Dr. Chappana Raga Sudha

Signature: [Handwritten Signature]

Date & Time:

Consultant Name: Dr. Chappana Raga Sudha

Signature:

Date & Time:



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/6/26 Time of Arrival: 11:40 AM Time Seen by Nurse: Gurj

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- Severe Pain / Moderate Pain
- Preterm rupture of Membranes / Leaking Water PV
- Bleeding PV: Slight / Heavy
- Preterm Labor/ Labor
- Decreased Fetal Movement
- Spontaneous Rupture of Membrane / Leaking Water PV
- No Fetal Movement
- Other Reason:

3) Vital Signs: Temperature: 98.4 F Pulse: 80/H RR: 20/mt SpO₂: 100% BP: 120/76 Weight:

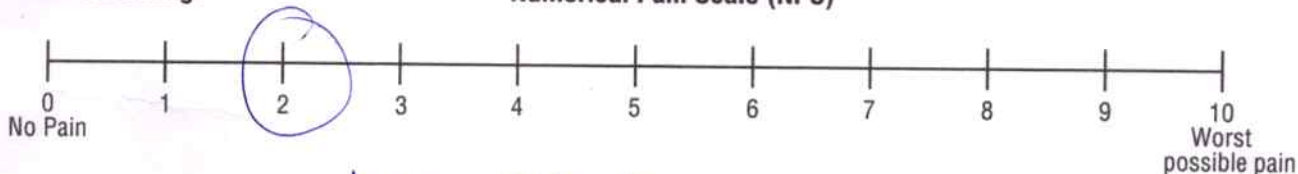
4) Gestational Criteria:

Gravida: <u>2 primi</u>	P	L	A
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LMP: 24/9/25 EDD: 01/7/26 Gestational Age: 38w 6 days

Uterine Contraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: lower Abdomin
- Duration: since morning 8:30 AM Days / Weeks/ Months (Strike out which is not applicable)
- Character: Intermittent
- Frequency: every 4 mins
- Interventions: HR monitoring

6) Past History:

- a) Surgeries: no
- b) Medical: yes

Patient Sticker

7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None
- Gestational Diabetes
- Chronic Hypertension
- Low placenta
- Gestational Hypertension
- Others if yes, specify
- Diabetes

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: Dr. Asha Latha 23/6/26 at 11:44AM

Nurse Name : Gurjya Nurse Signature: Gurjya

Date: 23/6/26 Time: 11:42AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/06/2026	1pm	<p>Cx- well effaced <u>Adv</u></p> <p>os- 8-9 cm</p> <p>pp vs @ 0' 01 - cont. hnc ⊕</p> <p>pelvis / gm - w/c pou</p> <p>adq.</p> <p>mem ⊕</p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p>
23/06/2026	1:30pm	<p>Cx- well effaced <u>Adv</u></p> <p>os- full dilated</p> <p>pp vs @ 1' 01 - shift to U</p> <p>pelvis / gm</p> <p>adq.</p> <p>mem ⊕</p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/06/2026
4pm

Normal Vaginal Delivery ± RMLE ↓ LA

↓ Aseptic conditions. bladder drained parts cleaned and draped and pt put in position. 10ml of 1% xylocaine infiltrated into perineum. RMLE given at crowning + head Baby presented as vertex and delivered spontaneously. Baby cried immediately. Delayed cord clamping done and baby handed over to pediatrician. Placenta along - membranes delivered in toto. Episiotomy wound sutured in layers. A small left vaginal mucosal wall tear noted and sutured ± rapid repair 20. Hemostasis secured.

Result: Baby 3.321 kg | delivered on 23/06/2024 @ 1:51 pm ± approx 8-9/10, | mother side

Immediate post-natal notes
PIL - PND'0' | GDM on ONA | Hypothyroidism

Rx

AC: no pain.
Afebrile
BP: 110/70 mmHg
PR: 84 bt/min
RR: 16/min
HIL: NAD.
PIA: ut uterine w.
O/E: NAB
B/L: Breast soft
Baby: well with sid

- 1) 1b. PANTOP 40mg po 24th hly 1-0-0
- 2) 1b. TAXIMO 200mg po 12th hly 1-0-1
- 3) 1b. ACECLOPWS 500mg po 8th hly 1-1-1
- 4) w/f any bcd pl
- 5) Exclusive breastfeeding
- 6) perineal care
- 7) Vitab @
- 8) Infant sup

noted by Panwar


Panwar

24/06/2026
8 AM

CSLB Dr. Akhatha (Reg).

Dr Soumya (Pus) / Dr. Mirasini (Pus)
Dr Anshu (Pa) / Dr. Nithita (Pa)

PL1 | PND - P | ADM on OMTA / hypothyroidism

At home

BP - $\frac{112}{76}$ mmHg

PR - 86 bpm

RR - 16 bpm

Hic - No abnormality detected

PA - uterus retracted well

OE - No active PV bleeding

B/C breast soft

Baby mother side

Urine passed

Stool not passed yet.

advice

① Regular diet with plenty of oral fluid.

② T. TAXIM 200mg P/O 12th July

③ T. PONDIP 100mg P/O 24th July

④ T. ACECLOPUS 500mg P/O 8th July

⑤ Exclusive breast feeding

⑥ w/ any active PV bleeding

⑦ monitor vitals

⑧ monitor S.O.B

write

PPS - 96 mg/dL

Plan to change tomorrow

Dr. Akhatha

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

IP22-00023358
HCV-00039987
Mrs GUNUPURU ROHINI
08-02-1999 27 Y 4 M 18 D (F)
Dr. CHUPPANA RAGA SUDHA
Date: ..
Pati: ..
Age: ..
I.P. No: ..

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/24	3:00pm	cls(B Dr. Nikita (Reg) Dr. Sowmya (Pcu), Dr. Nikita (Pcu)
		P.L. PND-1 GDM on OHA Hypothyroidism
		CC: Fair Afebrile BP: 110/80mmHg PR: 86/min RR: 14/min HLL: No abnormality detected AA: uterus retracted well V/C: No after bleeding
		1) Regular diet with plenty of oral fluids 2) continue Rp as per drug chart 3) Exclusive breast feeding 4) w/lf bleeding plv. 5) Residual care. 6) monitor vitals 7) Inform S.O.S
		BLL Breast soft Baby well in mother side
		<i>continues.</i> N.B. Nepz

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26

CS/B Dr. Kripashree (Reg) / Dr. Sowmya (PS)

9:30 pm

Δ: P₁₄ / PND-1 | GDM on OHA | Hypothyroidism.

qE

Gc: fair

Temp: afebrile

Uterus stable

B/L Breasts soft

Breast feed (+)

P/A: ut - retracted well

4E: VAB

→ Baby on mother side

- plan discharge prior

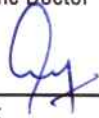

dx

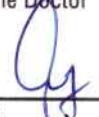

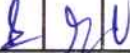
- 1) Reg. diet & plenty of milk feeds
 - 2) Contact to on-pending diet
 - 3) Monitor vitals
 - 4) Ache breast feeds
 - 5) Perineal hygiene
 - 6) Express
- 7) w/ any bleeding p/u




Dr. Kripashree (Reg)

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

DRUG : TB PANTOP				Date	24/6/25/6														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	plc	24/6/25/6	23/6	6 AM / 12 PM / 6 PM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TB. TAXIMO				Date	23/6/24/6/25/6														
				Time	9 AM														
Dose	Route	Frequency	Start Dt.																
20mg	plc	12/6/25/6	23/6	9 AM / 12 PM / 6 PM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TB. Aeclopus				Date	23/6/24/6/25/6														
				Time	8 PM														
Dose	Route	Frequency	Start Dt.																
50mg	plc	8/6/25/6	23/6	8 PM / 12 PM / 6 PM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 23/06/2026

DEPARTMENT: MICU OBG

NAME: Mrs. G. Rohini

UHID / I.P.NO.: HCV-39967

WARD / BED NO.: MICU

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE: NVD

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE: 

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>23358</i> <i>msu - Rohini</i>	Date & Time of Admission <i>23/6/26 @ 12:14pm</i>	Date & Time of Transfer Order <i>23/6/26 @ 3:00pm</i>
Treating Consultant <i>DR. Pragasudha.</i>	Transfer ordered by <i>DR. Nikhitha.</i>	Reason for Transfer <i>post op care</i>
From Bed / Ward / Hospital <i>msu</i>	To Bed / Ward / Hospital <i>306</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>(25)</i>	Number of Imaging films <i>(1)</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>new rom pad @</i>	
2.	<i>new rom fixata - (1)</i>	
3.	<i>Tab. Acecloplus (10)</i>	
4.	<i>Tab. paracetop - (10)</i>	
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Ranvi</i>	Name of person ordering transfer <i>DR. Nikhitha</i>	Name & Signature of Nurse Supervisor <i>Malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Ranvi</i>			
Signature with Date & Time			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

SURGERY DETAILS

Sl.No.

Date: 23/6/26

Patient Name

G. Rohini Age: 27y/f Sex: Female

UHID No.

HCV-39967 IP No: 23358

Date of Surgery:

23/6/26 OT: OT 1 OT 2 OT 3 LDR-2

Name of the Surgery :

NVD

Time in:

1:40pm

Time Out :

2:40pm

NAME

AMOUNT

1. Surgeon

Dr. Rajasudhe

2. Anaesthetist

P

3. Asst. Surgeon

.....

4. OT Technician

.....

5. Circulating Nurse

K. paneani

6. Asst. Nurse

Indrani

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No :

690627

Ordered by:

plalatt

NVD

CONSUMABLES
296
OF OT

Patent Name: Mrs. Rohini Age: 27y
Gender: M F UHS/IP NO: HEV-39967
Date: 23/05/26 Time: 2pm

Circulating Staff: Technician:

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Maior Pack NVD	01		Inj. Vit.K		01
LMA			Sutures		01	Cord clamp		01
ECG leads : A/P/N			Viroxyl 1762			Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		02	Gloves 8 1/2		02	Surgical Gloves 6 1/2		02
02 cc			6		01	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		01
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		01
RL			Cautery Pencil			Alcohol swabs		03
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		10			
Morphine			Gauze Pack					
Ketamine			Mop Pack		01			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage 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					
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield					
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

Maly
24/05/26

Dr. Kaganhallye

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No:

690632 / 633

Ordered by:

Malathi

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	IP22-00023358	Ward	3F-THIRD FLOOR
Patient Name	Mrs GUNUPURU ROHINI .	Bed Name	PRI 306
Age/Sex	27 Y 4 M 17 D / Female	Order No	22-0000690632
Date	23/06/2026 14:45	Prescription No	PRIP22-0291902
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	23/06/2026 15:11
UHID	HCV-00039967		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	2	135.00	270.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	2	21.56	43.12
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
6	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
7	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	3	38.00	114.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
10	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1	78.00	78.00
11	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
12	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
14	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
15	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
16	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	2	91.00	182.00
18	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
19	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
20	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	THC26004	03/28	1	36.75	36.75
21	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
22	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							4,796.78	6,254.94

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA

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	IP22-00023360	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O GUNUPURU ROHINI .	Bed Name	CRDL-PRI-306-1
Age/Sex	0 Y 0 M 0 D 1 H / Female	Order No	22-0000690633
Date	23/06/2026 14:48	Prescription No	PRIP22-0291901
Payor	SELPAY	Dispensed Date	23/06/2026 15:11
UHID	HCV-00041000		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	3	4.09	12.27
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	26D3007	03/31	2	91.00	182.00
Total :							367.74	466.92

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA