

**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 : IP22-00023343      Admit Date : 22-Jun-2026      Admit Time : 08:39 AM      UHID : HCV-00040908

**Patient Details :**

Patient Name	: Baby ISHAAN AKHIL	Age	: 2 Y 6 M 24 D
Guardian	: Mr AKHIL CA	DOB	: 29-11-2023
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: Autonagar Vishakhapatnam Andhra Pradesh INDIA 530012	Phone No	: 8129860900
		E-mail	: no@gmail.com

**Admission Details :**Bed Type : GENERAL WARD      Bed No : GW 331      Ward Name : 3F-THIRD FLOOR  
Room No : GW 331      Admission Type : First Visit**Contact Details :**Name : Mr AKHIL CA      Relationship : D/O  
Contact Address : Autonagar Vishakhapatnam Andhra Pradesh  
INDIA 530012      Phone No :  
Signature**Doctor Details :**Doctor Name : Dr. RAVI HIMAJA      Specialisation : PEDIATRIC SURGERY  
Referrai Doctor : Family      Phone No :  
Co-Consultant :**Payment Details :**Deposit Amount : 0.00  
Payment Mode : Cash      Payor Name : EASTERN NAVAL COMMAND

# ACTIVITY RECORD FOR BILLING



Name: \_\_\_\_\_  
 UHID No : ..... IP No ..... HCV-00040908 IP22-00023343  
 Date of Admission : ..... Baby ISHAAN AKHIL 20-11-2023 2 Y 6 M 24 D (M) t : ..... Dept : .....  
 Room / Bed No : ..... Dr. RAVI HIMAJA of Discharge: ..... Time: .....  
 Suggested Billable bed type: .....



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/06/26	9:30 Am	ER	MICU	Akhil.
22/6/26	10:05 Am	MICU	OT - I	Usha
22/6/26	10:50 Am	OT - I	MICU	Usha
22/6/26	12:30 PM	MICU	331	Usha

## Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmya	22/6/26	90505	Baisakhi
2.	cross checked by Baisakhi 23/6/26 @ 2AM			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
22/06/2026	Tu placement	01	690289 ✓	Akhil
22/06/26	PAC	01	690288 ✓	Akhil
22/6/26	Procedure: - Circumcision			
	Under: G/A			
	Surgeon: - Dr. Himaja		690338 ✓	Alalatti
	Anesthet: - Dr. Dheeraja			
	In time - 10Am			
	Out time - 10-1/2Am			
Cross checked by Basakli 23/6/26 @ 2AM				

**ANY OTHER INFORMATION**

Seva Plaster used wound

Date: Basakli

Time: 2AM

Prepared By: Basakli

Staff Nurse Cross checked by Basakli 020278 23/6/26 @ 2AM	Shift / Ward	Billing Assistant	Billing Supervisor
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**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : \_\_\_\_\_  
UHID ID : \_\_\_\_\_  
Department : \_\_\_\_\_  
Consultant : \_\_\_\_\_

HCV-00040808 IP22-00023343  
Baby I SHAAN AKHIL  
29-11-2023 2 Y 6 M 24 D (M)  
Dr. RAVI HIMAJA



HCV-00040908 IP22-00023343  
Baby ISHAAN AKHIL  
29-11-2023 2 Y 6 M 24 D (M)  
Dr. RAVI HIMAJA



**Padiatric Multiorgan History & Physical Examination**

Name : Isshaan akhil 2 yrs 6m /  
Age/Sex male  
Information given by: Karthika Reliability mother

**Chief Presenting Complaints & Duration ( Chronologically):**

clb swelling over genital region x 1 year

**History of present illness:**

child was apparently normal 1 yr back. then  
clb 1 episode of burning micturition  
↓ Flb.  
swelley over genital region x 1yr.

HCV-00040908 IP22-00023343  
Baby ISHAAN AKHL  
29-11-2023 2 Y 6 M 24 D (M)  
Dr. RAVI HIMAJA



**Past History :** (Including details of any previous investigation or treatment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *No similar complaints in past* \_\_\_\_\_

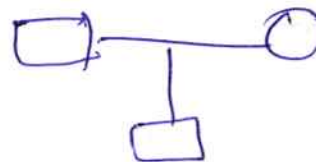
\_\_\_\_\_

\_\_\_\_\_

**Birth & Neonatal History:**

\_\_\_\_\_ *Used normal cried immediately* \_\_\_\_\_  
\_\_\_\_\_ *after birth.* \_\_\_\_\_

**Family Chart**



**Birth & Socio Economic History:**

About Father: \_\_\_\_\_

About Mother: \_\_\_\_\_

Any additional information: \_\_\_\_\_

**Developmental History:**

\_\_\_\_\_ *attained upto the age* \_\_\_\_\_

**Immunization History:**

\_\_\_\_\_ *vaccinated upto the age.* \_\_\_\_\_

**Anthropometry:**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms) \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) *13.14* (Centile \_\_\_\_\_)

**On Examination:**

Temperature: *98.6* Pulse Rate: *112/min* B.P. \_\_\_\_\_ SPO2 *96.1 on RA*

Resp. rate and type of breathing : \_\_\_\_\_

\_\_\_\_\_ *RR + 22/min* \_\_\_\_\_

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_ *NRL*

Oedema: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_



**Respiratory System:**

Inspection (any s/o distress): \_\_\_\_\_

Air entry & breath sound : \_\_\_\_\_

Any Addes sounds : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

BLUE AREA

**Cardiovascular System:**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur: \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) \_\_\_\_\_

S<sub>1</sub>, C<sub>2</sub> ⊕

**Per Abdomen:**

Inspection : \_\_\_\_\_

Palpation : \_\_\_\_\_

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

Relevant data from outside (CT.USE.etc.,) \_\_\_\_\_

soft, non-tender

**Central Nervous System:**

Level of Consciousness : AVPU / GCS Score: \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

conscious, alert

**Motor System:**

Nutrition : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture: \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

(N)

HCV-00040908 IP22-00023343  
Baby ISHAAN AKHIL  
29-11-2023 2 Y 6 M 24 D (M)  
Dr. RAVI HIMAJA



**Reflexes:**

DTR

(N)

Superficials: (N)

Plantars

(N)

Bladder / Bowel:

(N)

Clinical Summary & Diagnostic:

pharyngitis.

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment:

Desired goals of the of the treatment:

**Planned Labs:**

HB  
BR  
CF  
HIV  
HbsAg  
N.B  
Akhil  
22/06/26

**Planned Management:**

• plan circumcision & GA  
• I.V.F. DNS 45ml/hr  
• I.v. ceftriaxone  
650mg stat  
N.B Akhil  
22/06/26

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor:

BALAJI

Name of the Consultant:

Date & Time:

22/6/26

Date & Time:



# DISCHARGE PLANNING FORM

**Note: \* To be completed by a Doctor within (24) hours of admission**

1. Anticipated Date of Discharge : \_\_\_\_\_

2. Destination Post Discharge :  Home  
Family Members Notified (Person Contacted\_

Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status:  Self Care  Family Home Care  Home Professional Assistance

Needs Assistance In:

Remarks

Medication  Yes  No .....

Bathing  Yes  No .....

Eating  Yes  No .....

Walking  Yes  No .....

Dressing  Yes  No .....

Toileting  Yes  No .....

4. Nutritional Plan:

Dietary Instruction Discussed with the:

Patient  Family Member  Other:.....

5. Discharge Planning Discussed with the:

Patient  Family Member  Other:.....

6. Patient / Family Education Plan:

Education Topic /s : .....

Patient's Educational Topic/s discussed with the:

Patient  Family Member  Other:.....

Doctor Signature: \_\_\_\_\_

Name of the Doctor : \_\_\_\_\_

Date & Time : \_\_\_\_\_

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

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

HCV-00040908 IP22-00023343

Patient Baby ISHAAN AKHIL

29-11-2023 2 Y 6 M 24 D (M)

Dr. RAVI HIMAJA

Age : ..

I.P. No.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	10 pm	c/s/B Dr Aditya / Dr Sanya / Dr Sree.
		$\Delta$ = phimosis s/p Circumcision [POP-O].
		No fever oral - good.
		<u>o/e</u> .
		Alert.
		pale - good.
		Wkds - stable
		Drugs - vitals.
		<u>Plan</u>
		- Cont Jy (symptom)
		- monitor vitals
		<del>Admission</del> Noted By Beebakki

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26  
8am

C/S/B Dr Himaja / Dr Sree

$\Delta =$  phimosis  
s/p circumcision

No pain / fever

O/E

Alert!  
feed well  
4e - No discharge.  
urinary good.

Dr  
Sree

Plan:

- 1) monitor vitals
- 2) plan D/C both

# RESULT SHEET

*op basic*

Patient Name :

Baby ISHAAN AKHIL

Age : ..... Ger

29-11-2023 2 Y 6 M 24 D (M) .....

Dr. RAVI HIMAJA



I.D. No. : .....

Date	22/6				
Time					
Hb	10.7				
PCV					
RBC					
WBC					
N/L					
Platelets					
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					

OP Basic

Date	22/6					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HIV	⇒	Non Reactive				
HBsAg	→	Non Reactive				
BT / CT	→	4 min 20 sec				
BT	→	2 min 10 sec				
<b>Doctor's Signature</b>						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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









## OPERATION THEATER NOTES

Patient's Name: Baby ISHANN AKHIL Age: 2y Gender: M  F   
 UHID: Hcv-00040908 I.P. No. 00023343 Weight: .....

Surgeon: <u>Dr. Himasa</u>	Asst. Surgeon:	
Anesthetist: <u>Dr. Dheeraja</u>	OT Nurse: <u>Sandhya</u>	
Surgical Procedure: <u>circumcision</u>		
Indication for Surgery: <u>Phimosis</u>		
Date: <u>22/6/21</u>	Start Time: <u>10AM</u>	End Time: <u>10.40AM</u>

PRE-OPERATIVE PREPARATION

OPERATION NOTES :

circumcision done

POST - OPERATIVE ORDERS:

- 1) NPO till 1 PM & allow feeds later
- 2) IVF - DNS @ 15 ml/hr.
- 3) Inj. Moxocet 650mg iv qd
- 4) Inj. Pcm 100cc iv TID
- 5) Inj. Paribop 10mg iv qd

.....  
Consultant Surgeon's Name

.....  
Consultant Surgeon's Signature

Date: 22/6/25 Time: .....

13.1 kg

**PREANAESTHETIC EVALUATION**

Date: 22/6/26 Time: 8 AM

Name: Ishaan Arshil

Proposed Operation: Circumcision

Age: 2y 6m

Preoperative Diagnosis: Phimosis

Sex: male

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status	I.P. No.
						1 2 3 4 5	

112 bpm

24/min

37.2°C

**LABORATORY DATA**

Hgb	Glucose	Protien	HIV	X-ray	Other:
PCV	Urea	Alb	HBS Ag	ECG	
WBC	Creat	Total Bill	HCV	2D Echo	
Plate	Na	Dir. Bill	Blood group	Stress/Anglo	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: Nil

Medical History: (-) CVS: S1S2 (+)

RESP: Blk AF (+)

CNS: active, conscious Diabetes: Birth 11/6/25es/Term

Renal: } No N/W stay /

Hepatic / GE: (N) APD+/-

Others: - Vaccinated up to age

Past Anaesthetic History: - No developmental delay

Physical Exam P-I-C-C-L-E Adequate - No clyp lip / palate

Airway MP 1 2 3 Mouth Opening Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs: }

Heart: }

CNS: (N) Pupils: Blk reactive EVM US

Others: Pallor: +/- Venous Access Site: + Spine Exam for regional: (N)

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief 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:  
3. Informed Consent Standard / High Risk  
- Hb, BT-CT, viral markers.

**IMMEDIATE PRE-ANESTHESIA EVALUATION**

H.R.: SaO2: 100% RA  
R.R.: Last Feed: water 6 AM  
B.P./C.T.Y.: solids - 9 pm

Signature: Dr. Praveen







**Department of Anaesthesiology**  
**AXON ANAESTHESIA ASSOCIATES**  
**EPIDURAL ANALEGESIA RECORD**

Patient ID :

Date :                      Time:                      Procedure done by:  
 CSE/Spinal/Epidural                      Position:                      Space:                      Technique (LOR/LOS)  
 Depth:                      Catheter at Skin:                      Attempts:

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal BP And Pulse	FHR	Comments
			Left	Right			

**Deliver Details :** Time:                      APGAR:                      SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Discharge / Shifting ordered by (Name, Signature, date and time)



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

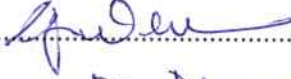
**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

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 : .....  
Name : Akhil C. A.  
Relationship with Patient : Father  
Date & Time : 22/06/2026 10.00AM

**Witness:**   
Signature : .....  
Name : KARTHIKA RAJAN  
Date & Time : 22/6/26  
at: 10A

**Doctor (who is taking the consent):**  
Signature :   
Name : Dr. Dhruva  
Date & Time : 22/6/26

# Informed Consent for Surgery or Special Procedure

Patient Name : Baby. Ishaan Athil Age : 2 Yrs Gender : Female  
UHID / IP No: HCV-00040908 / 00023343

## 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)..... circumcision .....

..... 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 .....

### 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 : .....  
Name : .....  
Date & Time : .....

**Relative**  
Signature : Akhil  
Name : Akhil. C. A  
Relationship with patient : Father

**Witness:**  
Signature : Karthikarajan  
Name : KARTHIKARAJAN  
Date & Time : 22/6/26  
ext: 10A

Signature : Himaja Name of Doctor : Dr. Himaja  
Date & Time : 22/6/26

## SURGERY DETAILS

Date: 22/6/26

Sl.No.

Patient Name: Baby ISHANN AKHIL Age: 24/6m Sex: M

UHID No.: HCV-00040908 IP No.: 00023343

Date of Surgery: 22/6/26 OT:  OT 1  OT 2  OT 3

Name of the Surgery: Circumcision ↓ GA

Time in: 10AM

Time Out: 10-40AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Himaja</u>	.....
2. Anaesthetist	<u>Dr. Dheeraja</u>	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	<u>Pradeep</u>	.....
5. Circulating Nurse	<u>Esuani</u>	.....
6. Asst. Nurse	<u>Sandhya</u>	.....

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Himaja  
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 690338 Ordered by: .....

*Circumcising*



# CONSUMABLES OF OT 207

Patent Name: Ushaan Akhil Age: 46  
 Gender: M UHIS/IP NO: 40908  
 Date: 22/06/26 Time: \_\_\_\_\_

Circulating Staff: Eswaramma Technician: Pradeep

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>4.0 cuffed</u>		<u>01</u>	Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads: <u>A/P/N</u>		<u>03</u>	<u>vicryl (4-0)</u>		<u>01</u>	Suction Catheter		
HME filter: <u>A/P/N</u>			<u>9918</u>			Feeding Tube		
Syringe 10 cc		<u>01</u>	Gloves			Vaccum Suction Set		
05 cc		<u>03</u>	<u>PK 6 1/2</u>		<u>02</u>	Surgical Gloves		
02 cc		<u>01</u>				Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate: <u>A/P/N</u>			Surgical blade <u>15</u>		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
<u>D. PCM</u>		<u>01</u>	Ointments					
<u>D. Butodol</u>		<u>01</u>	Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		<u>10</u>			
Morphine			Gauze Pack			<u>Dis Apron - 01</u>		
Ketamine			Mop Pack			<u>Protogan - 01</u>		
Propofol		<u>01</u>	Steristrip					
Rocuronium			Underpad		<u>01</u>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.35%		<u>01</u>	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		<u>01</u>			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost: 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Dr. Himaja  
Surgeon

Dr. dheeraja  
Anaesthesiologist

Sandhya  
Nurse

OT Technician

Order No: 690363 Ordered by: \_\_\_\_\_

22/6/26

# 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	IP22-00023343	Ward	3F-THIRD FLOOR
Patient Name	Baby ISHAAN AKHIL	Bed Name	GW 331
Age/Sex	2 Y 6 M 24 D / Male	Order No	22-0000690363
Date	22/06/2026 13:31	Prescription No	PRIP22-0291794
Payor	EASTERN NAVAL COMMAND	Dispensed Date	22/06/2026 14:48
UHID	HCV-00040908		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUPICAINE INJ VIAL 0.5% 20ML		H	BPC26001	02/28	1	94.20	94.20
2	BUTODOL 2MG INJECTION			KP095042	09/27	1	91.10	91.10
3	DISPOSABLE APRONS STERILE XL	Mediblu		01032026	02/29	1	135.00	135.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	3	21.56	64.68
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1	11.25	11.25
7	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	7160326	02/28	3	34.65	103.95
8	ET TUBE 4.0MM WITH CUFFED-STERIMED	STERIMED	H	25EF12E	05/30	1	462.00	462.00
9	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
10	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
12	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
13	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	1	450.00	450.00
14	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C26O597	02/28	1	737.05	737.05
15	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
16	SURGICAL BLADE 15	Surgeon	GENERAL	020525	04/30	1	7.03	7.03
17	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	2	140.00	280.00
18	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	1	170.00	170.00
19	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
20	VICRYL RAPID 4-0 W9918	ETHICON SUTURES-J&J		AW5834	03/30	1	818.00	818.00
<b>Total :</b>							<b>4,153.06</b>	<b>4,701.35</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI