

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
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP22-00023350 **Admit Date** : 22-Jun-2026 **Admit Time** : 01:08 PM **UHID** : HCV-00040981

Patient Details :

Patient Name	: Ms NASIRUNISU	Age	: 20 Y 0 M 0 D
Guardian	: Mr SUJAT HUSSAIN	DOB	: 22-06-2006
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: m v p colony Lawsons Bay Colony Visakh Vishakhapatnam Andhra Pradesh INDIA 530017	Phone No	: 9866059199
		E-mail	: no@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 SUJAT HUSSAIN **Relationship** : D/O
Contact Address : m v p colony Lawsons Bay Colony Visakh
Vishakhapatnam Andhra Pradesh INDIA 530017 **Phone No** :


Signature

Doctor Details :

Doctor Name : Dr. NIHARIKA ALLU **Specialisation** : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Family **Phone No** :
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040981 IP22-00023350 -----
 UHID No :----- Ms NASIRUNISU 22-06-2006 20 Y 0 M 0 D (F) nsultant :----- Dept:-----
 Date of Admission :.. Dr. NIHARIKA ALLU ..Date of Discharge:----- Time:-----
 Room / Bed No :----- Ward :----- Suggested Billable bed type:-----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	3:00pm	MICU	323	Gugs
22/6/26	7:35pm	323	MICU	Shayen
22/6/26	8:45pm	MICU	OT-II	Shanti
22/6/26	9:45pm	OT-II	MICU	Shanti
22/6/26	11:40pm	MICU	323	Shanti

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyoti R. Kulkarni	23/6/26		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature
22/6/26	fv plerement	①	90437	Kouya
	PAC			
	Catheterization			
	laparoscopic ^{RL} ovarian		690451	
	cystectomy done by		690452	Jhr
	Dr. Nihonico & GA			
	-Aneshe: Dr. Pravee I			
	time in : 8:45pm			
	time out : 9:45pm			
<p>cross checked by <i>Cover</i></p>				

ANY OTHER INFORMATION

sevoflurine used for 1 hour

Date: 23/6

Time: 11:00

Prepared By: *Cover*

<p>Staff Nurse</p> <p><i>Cover</i></p>	<p>Shift / Ward</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Was accurate



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 22/6/20
 Time of Admission :

Allergies : ⊖
 Not know any drug allergies

PRESENTING COMPLAINTS :

- Complaint of pain abdomen :: 1 month → at night aggravated 2 days back.
- Fever and vomiting :: 1 days. (3 episodes vomiting)
- clo breathlessness :: 2 days (on & off) →
- No H/O dysmenorrhea
- No H/O menorrhagia.

Used 5-Mefenamic acid
 T. of cefclomine
 fair relieved.

21/6/20

CECT- Abdomen: well defined Right adnexal cystic lesion with mildly enhancing peripheral wall (7.7 x 6.2 x 6.6 cm) - likely arising from right ovary

19/6/20 USG → ? haemorrhagic cyst / endometriotic cyst - (7.7 x 6.1 x 5.7 cm)

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : Unmarried Previous Periods : Irregular Periods :: 4 months (3 days - flow) LMP : 5/6/2020 Contraception : ⊖ Age of menarche :	Parity : ⊖ Mode of Delivery : ⊖ Last Child Birth : ⊖

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ H/O hypothyroidism :: 3/6/20 (TSH: 7.35) on 5-Thyronorm → 25mg (∴ 3/6/20)	→ Nil. significant

Patient Sticker



FAMILY HISTORY:

Nil significant.

MEDICATION HISTORY:

→ on T. Thyronorm 25mg po
 2x daily,
 ↓
 changed to T₄ Thyronorm 50mg po
 OD :: 22/06/2026

INITIAL ASSESSMENT:

Date <u>22/6/26</u> Ht. <u>160.5cm</u> Wt. <u>44.7kg</u> BMI _____ B.P. <u>100/60mmHg</u> Pallor <u>(-)</u> CVR <u>S.I.L. (+)</u> Respiratory System <u>(N) vesicular</u> Thyroid <u>normal.</u>	Breasts <u>B/L Breasts (N)</u>	Local / Speculum Examination <u>(-)</u>
	Abdominal Examination <u>PLA: soft</u>	Bimanual Pelvic Examination <u>(-)</u>

PROVISIONAL DIAGNOSIS:

20 year old unmarried girl | (+) Hypothyroid | ? endometriotic cyst | for total laparoscopic right ovarian cystectomy.

INVESTIGATIONS ORDERED

PLAN OF MANAGEMENT

<u>19/6/26</u> Hb: <u>12.6g/ml</u> Plt: <u>2.8 lakh</u> S. creat: <u>0.8</u> B/Urea: <u>23</u> HIV } non Reactive HBsAg } HCV } <u>20/6/26</u> CA 125 → <u>118.1</u> β-HCG → <u>LO.20</u> AFP → <u>1.4</u> , LHM → <u>183</u>	<u>BCU → B+ve</u> <u>TSH: 8.20</u> <ol style="list-style-type: none"> 1) Admission. 2) Pains preparation 3) Consent for surgery 4) Pre-op medications 5) Pre-anesthetic checkup. 6) Monitor vitals 7) Suform 5.0.5 8) Shift to OT on call. 9) Sy' ONDENT umg IV stat.
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Name of the Doctor: Dr. Roobavalli

Signature of Doctor [Signature]
22/6/26

Date & Time: _____



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Arrival 02/6/2026 at 12:00 PM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify MCCU

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: Pain abdomen
c/o breathlessness Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Ratnavali
 Time Notified: at 12:10 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Yes</u>	<u>NO</u>	<u>NO</u>

Gynecology Assessment: Not Applicable
 Menstrual History: 11 Yes
 Onset of Menarche: 3-5 days
 Menstrual Cycle: Regular Irregular
 Last Menstrual Period: 5/6/2026

Gynecology Surgical History:
 Caesarean Section: No Yes
 Cervical Cerclage: No Yes
 Ectopic Pregnancy: No Yes
 Myomectomy: No Yes
 Others:

Gynecological History:
 Contraceptives: No Yes
 Vaginal Discharge: No Yes
 Post-Coital Bleeding: No Yes
 Infertility: No Yes
 If Yes Type: Primary Secondary

Obstetric History: G P L A

Previous LSCS:

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: 98F HR: 69b/min RR: 20b/min
 BP: 100/60 mm/hg Weight: 44kg Height: 160cm 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 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score (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 Father

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: Mrs. Nasirunisu

Orientation not given Reason:

Nurse Signature: Usha

Nurse Name: Usha

Date & Time: 22/6/26 at 12:05 PM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040981 IP22-00023350
P: Ms NASIRUNISU 20 Y O M O D (F)
A: 22-06-2006 Dr. NIHARIKA ALLU] F
I.F. [Barcode]

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/06/2022	2:30PM	C/S (By Dr. Nikita Reg) Dr. Soumya (Pg) / Dr. Nikitha (Ps)
		<u>20yr old unmarried girl c Hypothyroidism c? Rgt Endometriotic / Hgc cyst fr (P) lap Ovarian Cystectomy ↓ gss</u>
		Qc: hospath R
		Afebrile 1) PAC
		BP: $\frac{110}{70}$ mm/h 2) Recp Re before shifting 507
		PR: 84b/min
		RE: 16/min 3) Shift to Micu @ 7pm
		HIL: NAD
		pla: (P) tenderness (P) 4) NPO solids ∴ 2pm liquid ∴ 4pm
		5) Infused consen
		6) Vitals (P)
		7) Infused
		noted by <u>Cantiga</u> 22/6/2022 @ 3pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/20
3:00pm

CLB Dr. Nikita (Reg)
Dr. Nikita (PG)

20 yr old unmarried girl (Hypothyroidism | ? Right Haemorrhagic Cyst |
Endometriotic
Haemorrhagic cyst for Laparoscopic RT-Ovarian cystectomy + GA

clo fever

Actu

GC: Fair

Temp: 100.1°F

BP: 100/70 mmHg

PR: 84/min

RR: 16/min

H/L: No abnormality detected

PLA: soft

tenderness (+)

1) Sy: PARACETAMOL 1gm IV stat

2) monitor vitals

3) inform S.O.S

Dr. Nikita

M.B. Phujan

23/06/2026

8am

U/LB Dr Ashalathe (Res)

S/B Dr Saunnya (Pa) / Dr Nibhita (Pa)

Dr Ansha (Pa)

POD-0 - laproscopic st ovarian hysterectomy

̄ Hypothyroidism. (endometriotic cyst)

AC fine

Afebrile

BP - $\frac{92}{60}$ mmHg

PR - 80 bpm

RR - 14 cpm

H/L - No abnormality detected

PA soft bowel sounds (+)

OE : No active bleeding

st & I.V.O 500ml / some surgery (check)

order

(1) NBM soft diet with Adequate hydration

(2) Zy - MONOCEF 1g IV 12th hr

(3) Zy. ESMOPRAZOLE 40mg 10th suth only

(4) Zy. DYNAPAR 25mg 10th NS - DV sth only

(5) Zy. PARACETAMOL 1g 10th qth 5-8

(6) No charcoal

(7) maintain urine

(8) warm SOB

(9) Ambulation

signs

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/16		C/S/B Dr. Niharika (consultant)
10.30am		Dr. Ashokthe (Reg)
		POD-0 / R ovarian laparoscopic cystectomy / Hypothyroidism
		R
		GC: Fair
		Afebrile
		BP: 100/60 mmHg
		PR: 82/min
		RR: 16/min
		H/L: No abnormality detected
		PLA: soft
		Bowel sounds (+)
		W/G: No active bleeding
		Total urine output: 700ml :: OT
		Foley's removed
		Plan discharge
		Review on 29/6/16
		Contract
		Signature

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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

DRUG : Syj. MONOCEF				Date	23/6														
				Time	8 AM														
Dose	Route	Frequency	Start Dt.																
1gm	IV	12thly	22/6/20																
Name & Signature of the Doctor starting the Drugs:				Stop on 22/6/20 @ 11:00 am 															
Additional Instructions:				8 AM 															
Daily Doctor's Endorsement by a Sign.																			


DRUG : Syj. DUNAPAR				Date	21/6	22/6													
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
75mg in 100ml	IV	8thly	22/6/20																
Name & Signature of the Doctor starting the Drugs:				Stop on 22/6/20 @ 11:00 am 															
Additional Instructions:				8 AM Stop on 22/6/20 @ 11:00 am 															
Daily Doctor's Endorsement by a Sign.																			


DRUG : Syj. ESOMEPRAZOLE				Date	23/6														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	IV	24thly	22/6/20																
Name & Signature of the Doctor starting the Drugs:				Stop on 22/6/20 @ 11:00 am 															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T-MONOCEF				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	PO	12thly	23/6/20																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

DRUG : T-PANSDP				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
4mg	po	2c1r h6	23/6/14																	
Name & Signature of the Doctor starting the Drugs :																				
																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T-ALICORLOS				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
50mg	po	5hr	23/6/14																	
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.																				

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.																				

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time						
DRUG :		Dose						
		Dr Sign.						
Route	Start Date	Dose						
		Dr Sign.						
Name & Signature of the Doctor		Dose						
		Dr Sign.						
Additional Instructions		Dose						
		Dr Sign.						

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time						
DRUG :		Dose						
		Dr Sign.						
Route	Start Date	Dose						
		Dr Sign.						
Name & Signature of the Doctor		Dose						
		Dr Sign.						
Additional Instructions		Dose						
		Dr Sign.						

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
22/6	10:10pm	INS. ZOPER	4mg	IV	S	Cheri M
22/6/26	8:00pm	INS. MONOCEF	1gm	IV	wf	Shomi Verkalani
22/6/26	7:40pm	INS. ONDEN	4mg	IV	wf	Kay Jyoti
22/6/26	7:40pm	INS. PANTOP	40mg	IV	wf	Kay Jyoti
22/6/26	7:00pm	Suj. PARACETAMOL	1gm	IV	+	Kay Jyoti
22/6/26	8:00pm	Suj. TRAPIC	1gm	IV	+	Sh Sude

OPERATION THEATER NOTES

Patient's Name: Ms. Masirumelle Age: 20 Gender: M F

UHID : H.w.00040981 I.P. No. 23350 Weight:

Surgeon: Dr. Niharika	Asst. Surgeon: Dr. Satya Prasad	
Anesthetist: Dr. Praveen	OT Nurse: Satya	
Surgical Procedure: Laparoscopic (RT) ovarian cystectomy + GA.		
Indication for Surgery: ? (RT) haemorrhagic / endometriotic cyst		
Date: 22/6/20	Start Time: 8:45pm	End Time: 9:45pm
PRE-OPERATIVE PREPARATION		
1) NBM		
2) Sy: MONOCef 1gm IV stat		
3) Sy: PANTOP 40mg IV stat		
4) Sy: ONDEM 4mg IV stat		
OPERATION NOTES: → After painting & draping of vulva, bladder catheterized with Foley's, few cc of clear urine drained out.		
→ After painting and draping of abdomen, a 5mm of supraumbilical incision given through which trochar inserted, laparoscope with CO ₂ was passed through trochar.		
→ Another 2 left 5mm lateral port sites were created + USG on, after creating pneumoperitoneum.		
→ <u>Intraop findings:</u>		
a) 7x10cm - right ovarian cyst noted - on further inspection of cyst, dark chocolate coloured fluid was drained out from cyst which is noted as endometriotic cyst.		
b) uterus normal in size - endometriotic spots noted in POD.		
c) Left ovary - appeared to be normal in size - endometriotic implants present.		
d) BL Fallopian tubes appeared normal for size and shape		
→ BL Tuboovarian anatomy maintained		

c) small endometriotic implants noted on small intestine

→ after draining chocolate coloured endometriotic fluid, endometriotic cystectomy done. Hemostasis secured.

→ saline wash given followed by hemostasis checked - which is secured.

→ Lignocaine insufflated through lateral port.

→ ovarian cyst was retrieved through central port in piecemeal by conversion of central port incision to 7mm size.

Specimen sent for Histopathological Examination.

POST - OPERATIVE ORDERS:

1) NBM x 6 hours

Allow oral sips @ 4:00am

Allow soft diet @ 6:00am

2) I.V.F ← 20RL } @ 100ml/hr.
 ← 20NS }
 100NS }

3) Sy: MONOCEF 1gm IV 12th hly

4) Sy: ESOMEPRAZOLE 40mg IV 24th hly

5) Sy: DYNAPAR 75mg in 100ml NS IV 8th hly

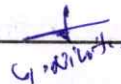
6) Sy: PARACETAMOL 1gm IV S.O.S

7) D/O charting.

8) w/t bleeding actively.

9) Monitor vitals

10) Syforms S.O.S.


Dr. Niharika Altu

Dr. Niharika Altu

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date: Time:

45 kg

PREANAESTHETIC EVALUATION

Date: 22/6/20. Time: 12:20 pm.

Name: Pasirumma

Proposed Operation: Lap. Cystectomy

Age: 20y

Preoperative Diagnosis: (R) ovarian cyst

Sex: Female

B.P.	H.R.	R.R.	Temp	Height	Weight	Physical Status	I.P. No.
96/62	76 bpm	18/min	37.2			1 2 3 4 5	

LABORATORY DATA

Hgb 12.6	Glucose 87 RBS	Protien 7	HIV 7	X-ray (N) (N)	Other:
PCV 36	Urea 0.8	Alb 7	HBS Ag JNR	ECG (N)	
WBC 2.84/mm ³	Creat 0.8	Total Bill (N)	HCV Blue	2D Echo (N) CF=60%	
Plate 14	Na	Dir. Bill (N)	Blood group	Stress/Angio	
PT 31	K	LDH	Other		
PTT 1.0	Ca++	Alk phos			
INR 1.0	Mg++	Amylase			

Allergies: Nil

Medical History: - CVS: 9/32 (P) PSH-81

RESP: (L) AFE (P) ch. fever & vomiting since yesterday

CNS: conscious, oriented Diabetes: - 4080 B since yesterday

Renal: - lungs clear - No rales

Hepatic / GE: (N) Abd. soft, No guarding, no rigidity. APD+/- - c/d/w

Others: Dr. Niharika nam.

Past Anaesthetic History: (N)

Physical Exam P - I - C - C - L - E -

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

Lungs: No creps, Adequate, No wheezes

Heart: (N)

CNS: Pupils: (L) reactive E V M 15

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:
L-Thyroxin 50 mcg

PRE - OPERATIVE INSTRUCTIONS:
1. DVT Prophylaxis solids 8v
2. NBM form: clear fluids 24v
3. Informed Consent Standard / High Risk
EBC, viral markers, Blood grouping.
Continue thyroid medication at the day of op

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: SaO2 100% RA
R.R.: Last Feed
B.P./C.T.Y.: 6aw - solids

Signature: Dr. Dhruva

Patient ID :



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALGESIA RECORD

Date : Time: Procedure done by:
CSE/Spinal/Epidural Position: Speace: 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)



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Ms. Nasirunika Age : 30y
 Gender : M F IP No : 28350 Consultant : Dr. Niharika
 Ward / Bed No. : Anaesthesiologist : Dr. Praneef
 Operative procedure planned :

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 :

Comments :

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 the above mentioned operation I Diagnostic I Therapeutic procedures

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 : Zareena
Name : Zareena
Relationship with Patient : Aunt
Date & Time : 22/6/26

Witness :

Signature : Jabeena
Name : JABEENA
Date & Time : 22/6/26

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Praveen
Date & Time : 22/6/26

Informed Consent for Surgery or Special Procedure

Patient Name : Miss Nasarunnisa Age : 20yr Gender : F

UHID / IP No: HU-20040981/23350

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)..... Laparoscopic (R) ovarian cystectomy.....
.....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.

.....risk of injury to adjacent organs, bleeding.....
.....conversion to lapotomy (if need arises).....

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 : Nasarunnisa

Name: NASIRUNISA

Date & Time : 22/06/2026 - 1:30pm

Signature : [Handwritten Signature]

Date & Time : 22/6/26

Relative

Signature : Jabeena

Name: JABEENA

Relationship with patient MOTHER

Name of Doctor : for Dr. Nitharika

Witness:

Signature :

Name:

Date & Time :

[Handwritten Signature]



PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Ms. Nasirani / 23350</i>	Date & Time of Admission <i>22/06/2026 @ 1:08pm</i>	Date & Time of Transfer Order <i>22/06/2026 @ 11:40 AM</i>
Treating Consultant <i>Dr. Niharika</i>	Transfer ordered by <i>Dr. Nikat</i>	Reason for Transfer <i>Postoperative Care</i>
From Bed / Ward / Hospital <i>micu</i>	To Bed / Ward / Hospital <i>323</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>38</i>	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Tab. Diclofenac</i>	<i>2</i>
2.	<i>Tab. RL</i>	<i>1</i>
3.	<i>Dns norm</i>	<i>1</i>
4.	<i>Dsy 2cc</i>	<i>3</i>
5.	<i>100 ml ns</i>	<i>2</i>

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Sheni</i>	Name of person ordering transfer <i>Dr. Nikat</i>	Name & Signature of Nurse Supervisor <i>Shyga</i>	Referral note & referral Doctor Name:
--	--	--	---------------------------------------

Patient & Clinical records received by:

Signature with Date & Time
Dr. Nikat 020728 23/06/26 12:20 PM

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



PATIENT TRANSFER FORM

HCV-00040981
 M^e NASIRUNISU
 22-06-2006 20 Y O M O D (F)
 Dr. NIHARIKA ALLU

IP22-00023350

HOSPITALS
 Safe Delivery



	Date & Time of Admission <i>22/6/16</i>	Date & Time of Transfer Order <i>22/6/16 @ 9:20 AM</i>
Treating Consultant <i>Dr. Miharika</i>	Transfer ordered by <i>Dr. Niki Khan</i>	Reason for Transfer <i>esophageal</i>
From Bed / Ward / Hospital <i>323</i>	To Bed / Ward / Hospital <i>MICU</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>(39)</i>	Number of Imaging films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Rave</i>	Name of person ordering transfer <i>Dr. Niki Khan</i>	Name & Signature of Nurse Supervisor <i>Gangan</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Rave</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

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

22/6/2026

DEPARTMENT

Gynec

NAME:

Mrs. Nasirunisa

UHID / I.P.NO.:

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Laparoscopic Ovarian
Cystectomy

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>ms. nasirumisu</i>	Date & Time of Admission <i>22/6/26</i>	Date & Time of Transfer Order <i>22/6/26 at 3pm</i>	
Treating Consultant <i>Dr. Nihalika</i>	Transfer ordered by <i>Dr. Nibite</i>	Reason for Transfer <i>plan for surgery 8pm</i>	
From Bed / Ward / Hospital <i>m2c</i>	To Bed / Ward / Hospital <i>323</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>20</i>	Number of Imaging films	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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Gujar</i>	Name of person ordering transfer <i>Dr. Nibite</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
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: 22/06/2026

Patient Name: Ms. Nasireenu Age: 20yr Sex: Female

UHID No.: Hcu-00040981 IP No.: 23350

Date of Surgery: 22/06/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery: Laparoscopic ^(RT) ovarian cystectomy ↓ G.A.

Time in: 8:45pm

Time Out: 9:45pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Niharika, Dr. Satya Kumar	
2. Anaesthetist	Dr. praneel	
3. Asst. Surgeon		
4. OT Technician	Venkata Lakshmi	
5. Circulating Nurse	Thani	
6. Asst. Nurse	Satya	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 690451/690452 Ordered by: Thani



Lap ovarian cystectomy.

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

CONSUMABLES
210
OF OT

Patent Name : Mrs. Nabirunise, Age: 204/2
Gender M F UHIS/IP NO. H/W-00040981
Date : 22/6/26. Time : 9pm.

Circulating Staff: Thampi. Technician: _____

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.5 cuffed	01		Major Pack			Inj. Vit.K		
LMA			Sutures 2762		01	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 6 1/2		02	Surgical Gloves		
02 cc			7 1/2 PR		01	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade 11		01	Surgical Blade # 20		
IV set	01		NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml	01		Koochies					
1/2 Vecuronium	03		Ointments					
D. water	03		Suction Catheter					
Fentanyl			Cap. Mask 5+5		10			
Morphine			Gauze Pack			Oxygen mask tubing		
Ketamine			Mop Pack			(A) → 01		
Propofol	01		Steristrip			D Aprons		02
Rocuronium			Underpad					
Glycopyrolate	01		Draw Sheet					
Myopyrolate	02		Abgel			Ex 100 cm → 01		
Ondansetron	01		Foleys Catheter 16		01			
Pencan 23g/Spinal Needle 22			Urobag		01			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage spot		03			
1/2 Butodal	01		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		01			
Tab. Misoprost : 200mg			Betadine Solution		01			
1/2 Joz 2%	01		Microshield					
			Cotton Balls					
NS 100 ml	01		Latex Gloves		10			
			Ramdione Scrub					
1/2 Tranexa	02		Saral					

Dr. Niharika
Surgeon

Dr. Praneel
Anaesthesiologist

Saleem
Nurse

Venky
OT Technician

Order No: 690462/466 / 1527/1965 / 1574 Ordered by: _____

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 IP22-00023350
Patient Name Ms NASIRUNISU
Age/Sex 20 Y 0 M 0 D / Female
Date 22/06/2026 23:49
Payor SELFPAY
UHID HCV-00040981

Ward 3F-THIRD FLOOR
Bed Name GW 323
Order No 22-0000690466
Prescription No PRIP22-0291838
Dispensed Date 22/06/2026 23:54

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblu	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	DISPOSABLE APRONS STERILE XL	Mediblu		01032026	02/29	1 - 2	135.00	135.00
3	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
4	FOLEYS CATHETER 16-UROCATH		GENERAL	G26B120O58	01/31	1	259.50	259.50
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
6	NS 1000ML STERIPORT AMANTA		H	60650395	11/28	1	98.65	98.65
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	2	91.00	182.00
8	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
9	SURGICAL BLADE 11	Surgeon	GENERAL	28O525	04/30	1	7.03	7.03
10	SURGICARE NEURO STERILE GLOVE-7.5 PF		GENERAL	25H7087D10	07/28	1	149.00	149.00
11	UROBAG (ADULT) - URODYNE		GENERAL	K25L050110	11/30	1	395.00	395.00
12	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							1,948.86	2,335.73

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023350	Ward	3F-THIRD FLOOR
Patient Name	Ms NASIRUNISU	Bed Name	GW 323
Age/Sex	20 Y 0 M 0 D / Female	Order No	22-0000690465
Date	22/06/2026 23:49	Prescription No	PRIP22-0291837
Payor	SELPAY	Dispensed Date	22/06/2026 23:54
UHID	HCV-00040981		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Bandaid Spot			279C9227	12/28	3	2.00	6.00
Total :							2.00	6.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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	IP22-00023350	Ward	3F-THIRD FLOOR
Patient Name	Ms NASIRUNISU	Bed Name	GW 323
Age/Sex	20 Y 0 M 0 D / Female	Order No	22-0000690462
Date	22/06/2026 23:41	Prescription No	PRIP22-0291836
Payor	SELPAY	Dispensed Date	22/06/2026 23:53
UHID	HCV-00040981		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10003	10/27	2✓	73.23	146.46
2	BUTODOL 2MG INJECTION			KP095042	09/27	1✓	91.10	91.10
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1✓	21.56	21.56
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	3✓	2.71	8.13
5	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3✓	61.00	183.00
6	ET TUBE - 7.5 MM WITH CUFFED REBELLE			ET25F21	05/30	1✓	380.00	380.00
7	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1✓	525.00	525.00
8	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1✓	69.10	69.10
9	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350488	11/27	2✓	140.20	280.40
10	NEOVAC INJ 4MG 2ML	Neon Laboratories Ltd	H	385438	01/28	3✓	79.34	238.02
11	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1B260853	01/29	1✓	44.93	44.93
12	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1✓	12.72	12.72
13	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26A040057	12/30	1✓	460.00	460.00
14	THEMICAR 30MG INJ 10ML	<i>Retew</i>	H	TMR25005	10/27	1✓	364.35	364.35
15	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP25003	06/27	1✓	15.50	15.50
16	VEIN-O-LINE 100CM ROMSONS	ROMSONS		G26B010729	01/31	1✓	442.00	442.00
Total :							2,782.74	3,282.27

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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	IP22-00023350	Ward	3F-THIRD FLOOR
Patient Name	Ms NASIRUNISU	Bed Name	GW 323
Age/Sex	20 Y 0 M 1 D / Female	Order No	22-0000690527
Date	23/06/2026 06:48	Prescription No	PRIP22-0291863
Payor	SELPAY	Dispensed Date	23/06/2026 07:44
UHID	HCV-00040981		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
Total :							100.31	100.31

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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	IP22-00023350	Ward	3F-THIRD FLOOR
Patient Name	Ms NASIRUNISU	Bed Name	GW 323
Age/Sex	20 Y 0 M 1 D / Female	Order No	22-0000690540
Date	23/06/2026 07:50	Prescription No	PRIP22-0291877
Payor	SELPAY	Dispensed Date	23/06/2026 10:43
UHID	HCV-00040981		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	THC26004	03/28	1	36.75	36.75
Total :							36.75	36.75

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

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	IP22-00023350	Ward	3F-THIRD FLOOR
Patient Name	Ms NASIRUNISU	Bed Name	GW 323
Age/Sex	20 Y 0 M 1 D / Female	Order No	22-0000690574
Date	23/06/2026 11:09	Prescription No	PRIP22-0291879
Payor	SELPAY	Dispensed Date	23/06/2026 11:13
UHID	HCV-00040981		

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	1	135.00	135.00
Total :							135.00	135.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI