

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 : IP22-00023324 Admit Date : 20-Jun-2026 Admit Time : 08:35 AM UHID : HCV-00037173

Patient Details :

Patient Name	: Mrs S.ROSHINI	Age	: 38 Y 2 M 23 D
Guardian	: Mr ASHOK	DOB	: 28-03-1988
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: Araku Araku Colony Vishakhapatnam Andhra Pradesh INDIA 531149	Phone No	: 6301415298/ 6301415298
		E-mail	: Ashokcaddy7@g.mail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PRI 303 Ward Name : 3F-THIRD FLOOR
Room No : PRI 303 Admission Type : First Visit

Contact Details :

Name : Mr ASHOK Relationship : W/O
Contact Address : Phone No :

Ashokkamij.
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 : 5000.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:
 UHID No : HCV-00037173 IP22-00023324
 Date of Admission : Mrs S.ROSHINI 28-03-1988 38 Y 2 M 23 D (F)
 Room / Bed No : Dr. NIHARIKA ALLU
 Consultant : Dept :
 Date of Discharge : Time :
 Suggested Billable bed type :



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	10:10 AM	MICU	OT-2	Rudra
20/6/26	11:40 AM	OT-2	MICU	Rudra
20/6/26	12:40 pm	MICU	308	Rudra

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	20/6/26	90028	[Signature]
2.	Pratyusha samuel	20/6/26	90053	[Signature]
3.	Pratyusha samuel	22/6/26	90290	[Signature]
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Cross checked by
S. Pratyusha*

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature	
22/6/26	IV placement PAC	01			
	catheterization LSCS				
	done by Smt. D. Nihareike	①	689944	malathi	
	Asst. Dr. Praveen		689945		
	Time in: 10:30AM				
	Time out: 11:30AM				

689944 ✓
 689945 ✓
 malathi
 done checked by Suresha.

ANY OTHER INFORMATION

Date: 22/6/26

Time:

Prepared By:

Staff Nurse Suresha	Shift / Ward M. Praveen 22/6/26 10:57AM	Billing Assistant	Billing Supervisor
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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *come for Elective LSCS.*

LMP: *24/9/2025*

EDD: *11/7/26*

Obstetric Formula: *G₃P₂L₂*

Corrected EDD:

GA: *38w 3days*

Obstetric History:

Menstrual History: Regular: Yes No

Obstetric Examination

MH: 4/28days

ML: 12years, NCM

Fundal Height *~ 31cm*

G₁ → FT / LSCS / PROM / Fch / 3.9kg / 11years at present

G₂ → FT / LSCS / Fch / 3.4kg / 7yrs at present

Present Pregnancy Record

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable *5/5*

FHS: Normal Tachy Brady Absent

G₂ → Spontaneous conception.

Immunised

Regular antenatal checkups.

RISK FACTORS:

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: *147.5* cm

Weight: *79.30* kg

Allergies: *(-)*

Breast Normal Abnormal

General Examination:

Consciousness: *(+)*

Pallor: *(-)*

Icterus: *(-)*

Edema: *(+)*

Temp: *Afebrile*

PR: *84/min*

BP: *100/80 mmHg*

DTR: *(+)*

CVS: *S1S2 (+)*

RS *(N) Vesicular breath sound*

Liver / Spleen: *NAD*

Urine Output: *Normal*

DIAGNOSIS

G₃P₂L₂ | 38w 3 days POG | GDM on MNT OHA | 2 PEP.

for Repeat Elective LSCS ± Blc Tubectomy.



<p>Family History</p> <p>Mother: DM. Father: DM.</p>	<p>Surgical History</p> <p>H/O LSC, 11 years back 7 years back</p>
<p>Medical History:</p> <p>Gestational Diabetes on <u>INSULIN</u> at 3</p>	<p>Medication History:</p> <p>(-)</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission. 2) Parts preparation. 3) CTG at admission. 4) Pre-anesthetic checkup. 5) Pre-op medication. 6) Foley's catheterization 7) CRBS at admission 8) MOM consent for surgery. 9) Monitor vitals 10) Inform S.O.S 11) Shift to OT on call. 	<p>Investigations: BUT - A positive</p> <p><u>13/6/26</u> Hb: 12.0g/dl Plt: 2.2 Lacks. RBS: 97mg/dl <u>20/6/26</u> TSH: 2.94 RBS: 119mg/dl.</p> <p><u>20/3/26</u> GCT: 188mg/dl HIV ? HBsAg } NR</p> <p><u>13/6/26</u> late growth scan SLUG - 87w + 3d Presentation: Cephalic Placenta - Posterior AFI - 16.2cm GFW - 320g Doppler: Normal</p>

Doctor Name: Niharika
 Signature: [Signature]
 Date & Time: 20/6/26, 9:30 am

Consultant Name: Dr. Niharika
 Signature: [Signature]
 Date & Time: 20/6/26



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/6/26 at 8:25 AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify micu

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: elective LSCS Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Nihitha
 Time Notified: 8:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>LCS</u>	<u>Yes</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: <u>11 yrs</u>	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>24/9/2025</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 3 P 2 L 2 A 0

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: 97.8 F HR: 88bpm RR: 20bpm
 BP: 120/80 Weight: 71 kgs Height: 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 20 (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 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: Mrs. Roskin

Orientation not given Reason: ~~No~~

Nurse Signature: *Malathi*

Nurse Name: Malathi

Date & Time: 20/6/2016 8:12 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No.: F/HW/DO...
IP22-00023324
Pati: HCV-00037173
Mrs S.ROSHNI
28-03-1988
Age: 38 Y 2 M 23 D (F)
Dr. NIHARIKA ALLU
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/2020	12pm	Immediate post-op notes
		P ₃ L ₃ - POD '0' / gdm an OHA's
		(Elective L&S ilio. nlo 2 psw L&S i gdm an OHA)
		<u>Rx</u>
		AC: no pain 1) NPO x 6hrs
		Afebrile Sips allowed @ 6pm
		Bp - 110 / 70 mmHg Soft diet @ 7pm
		PR - 84 bt / min 2) IVF - 20 RL } @ 80ml/h
		RR - 16 / min 20 NS }
		HIL - NAD 3) Iij PANTOP 4mg iv 24th kg <input checked="" type="checkbox"/>
		p/A - ut retr autd new <input type="checkbox"/>
		O/E - NAB 4) Iij PCM 1gm iv 8th kg <input type="checkbox"/>
		B/C Breast soft
		Baby: well 5) Iij MONOCET 1gm iv 12th kg <input type="checkbox"/>
		noth side
		Ulop: 100 ml, clear 6) w/f active bld pl-
		7) Exclusive breast feeding
		8) Sugar monitoring -
		a) before shifting to room
		b) @ 9pm (PPBS)
		c) PBS.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Pto

1) Input/Output monitoring

10) Vitals @

11) Ambulation

12) Inform SOs

[Signature]
Raj...

noted by
Rudra

CI's / By Dr. Ratnasali (JC) / Dr. Leungye (PG)

PzL3 - Pod'o' / gamma OHA

(EEUSs ilolo Hlo 2poo lscs and gam moua)

2010612026
3pm

R₀

EC: no pain

Afebrile

BP - $\frac{110}{70}$ mmHg

PR - 84 bpm / min

RR - 16 / min

HIL - NAD

PIA - ut retracta men

O/E - NAB

Ulop - 200ml, clear

Blebsent soft

Baby: well with sid

1) NPO till 6pm → Sips @ 6pm

2) Continue IV R₀ and IV fluids as per chart

3) Lung monitoring @ night 11hr
1hr

4) w/ active but pl.

5) Encourage breast feeding

6) Input/Output monitoring

7) Vitals @

8) Ambulation

9) Inform →

[Signature]
Raj...
Rudra

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



Pa
Ac
I.I

IF

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/2026		C/S By Dr Ashalatha (Reg) Dr Soumya (Pg)
gmm		<u>P3 L2 - POD' o' / gmm on OA</u>
		ac: no pain <u>Ro</u>
		Afebrile 1) Soft diet and plenty of fluid
		Bp: 110/70mmHg
		PR: Subtle
		RR: 16/mi 2) Continue IV Ro and IV fluid as per chart
		HIL: NAD
		pla: uterine tenderness
		o/e: NAD 3) Strict Input Output @
		BL: Breast soft
		Baby: well, mother side 4) Wk active pl. pl.
		Wlop: 37cm, clear 5) Exclusive breastfeeding
		Sp. 6) Ambulation
		7) Vitals @
		8) Supine
		<i>[Signature]</i>
		<i>[Signature]</i>

*do PRS
do MS
Review @ 7am*

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

SIB Dr. Kompathika (Reg)

SIB Dr. Nisha (PG)

21/06/2026

8am

P3L3 | POD-1 | GDM on OHA

ac fairs
afebrile

BP - $\frac{110}{70}$ mmHg

PR - 80 bpm

RR - incpus

HIL - No abnormality detected

PA - ~~stare~~ retracted well

oe - No active PV bleeding

BL Breast soft
Sally well mother side

I.V.O - 1200ml / since surgery

(clear) FC removed.

PPBS - 67mg/dL
(To Do PPBS. stop)

order

1) Regular diet with plenty of oral fluid

2) Iy. MONOCEF 1g IV 12th hly

3) Iy. PANTOP 40mg IV 24th hly

4) Iy. PARACETAMOL 1g IV 8th hly

5) Exclusive breastfeeding

6) With any active PV bleeding

7) Ambulation

8) monitor vital

9) Inform SOS



N. B. Santhosh

9:45am

case informed to Dr Nithanika Alu

change to oral

order

1) T-MONOCEF 200mg PO 12th hly

2) T-PANTOP 40mg PO 24th hly

3) T-ACECLOPUS 500mg PO 8th hly

4) Rest same

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00037173 IP22-00023324
Patient: Mrs S.ROSHNI
28-03-1988 38 Y 2 M 24 D (F)
Age: Dr. NIHARIKA ALLU
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<u>21/6/26</u>	<u>9:00AM</u>	sl/B Dr. Kompashilaa (Reg) Dr. Nisha (pu)
		P3L3 (POD-1) adm on ortho
		ortho
		Wt/ais Afebrile
		BP - $\frac{110}{80}$ mmHg
		pa - 80bpm.
		RR - 18cpm
		H/L - No abnormality detected
		PA - uterus retracted well
		soft
		OE - No active PV bleeding
		① Regular diet with plenty of oral fluid
		② Continue same medications as per drug chart.
		③ Exclusive breast feeding.
		④ No active bleeding
		BIL Breast soft
		Baby well mother's side
		⑤ Ambulation
		⑥ monitor vital
		⑦ inform S.O.P
		Nisha -
		M. B

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/06/2026.
8:30pm

CLB Dr. Ashalatha (Reg.)
Dr. Nisha (Ph)

P3L3 / PDD-1 / GDM on OHA.

ACFA's

Atebrate

BP - $\frac{118}{68}$ mmHg

PR - 90 bpm

RR - 18 cpm

HtC - No abnormality detected

PA - uteri retracted well

OC - No active PV bleeding

BIL Breast soft

Baby well mother fed $\frac{D:1}{3}$

To Do FBS - tomorrow.

adv

① Regular diet with
Plenty of oral fluid

② Continue oral medications
as advised

③ Exclusive breastfeeding

④ off any active PV
bleeding

⑤ Monitor vitals

⑥ Inform S.O.S

⑦ r. DOMESTAL 10mg PO
92th July.

Nisha

~~WATER~~



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name :
Age : Gender M F
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		C/S (B) Dr. Rainavallith
22/06/26	8:00 AM	Dr. Sanyal (Pu) / Dr. Narasimhan (Pu) / Dr. Nishu (Pu) / Dr. Neelima (Pu)
		P3L3 / POD-II / 4pm on OHA
		AC fails adv
		Afebrile
		BP - 114/65 mmHg ① Regular diet with
		PR - 86 bpm plenty of oral fluids
		RR - 16 rpm
		Ht - no abnormality detected ② Tab. MONOCER 200mg
		PA - Wires retracted well Pls 12th hourly
		OE - no active PV bleeding ③ Tab PANTOP 40mg
		Pls 2nd hourly
		④ Tb. ACECLOPUS 500mg
		Pls 8th hourly
		BL Breast soft ⑤ Exclusive breastfeeding
		Bulky: well mother side ⑥ w/o any active PV
		bleeding
		FBS : 89 mg/dL ⑦ Ambulation
		urine passed ⑧ monitor vitals
		stool passed ⑨ Inform S.O.S
		⑩ T-DOMSTAL 10mg
		12th hourly
		① Today

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

HCV-00037173
 Mrs S.ROSHNI
 28-03-1988 38 Y 2 M 24 D (F)
 Dr. NIHARIKA ALLU

IP22-00023324

N HOSPITALS
 a Safe Delivery



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. PANTOP				Date	21/6/26														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	PO	24hr	21/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : P. ACECLOPLUS				Date	21/6/26														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
500mg	PO	8hr	21/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. DOMSTOL				Date	21/6/26														
				Time	9 AM														
Dose	Route	Frequency	Start Dt.																
100mg	PO	12hr	22/6/26																
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.																			

CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs. S. Rochini Consultant I/C: Dr. Niharika Reg.No. _____

Surgeon's Name: <u>Dr. A. Niharika</u>	Date of delivery: <u>20/06/2026</u>
Assistant surgeon: <u>Dr. Niharika</u>	Time of delivery: <u>10:36 AM</u>
Anaesthetist: <u>Dr. Sowjanya K.</u>	Sex of baby: <u>3.20 kg</u>
Type of Anaesthesia: <u>Spine</u>	Weight of baby: <u>Feb</u>
Paediatrician: <u>Dr. Paramesh</u>	Apgar Score: <u>9/10</u>
Scrip Nurse: <u>Parvati Sista</u>	NICU Admission: <u>no.</u>

Elective Emergency Indication: G3P2L2 = 38wks 3days preg - ADM - OUA
c prev 2 USG for Repeat Elective USG.
 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: 7min

CTG description Normal

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: _____ cm

5th palpable: 5/5 H Fetal position: ROT

Station: -3 -2 -1 0 +1 2 Moulding: None + ++ +++

Caput: + ++ +++ Meconium: 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 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

Uterine closure: One Layer Two layers no to vicryl Suture

Peritoneal closure: Pelvic Abdominal None no rapid closure Suture

Sheath closure: no to vicryl Suture

Fat closure: Yes No Suture

Skin closure: Subcuticular Matters rapid closure Suture

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

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in 24hr 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 postop ord.


Signature

PREANAESTHETIC EVALUATION

Date: 20/6/2026 Time: _____

Name: Mrs. S. Rochini

Proposed Operation: Elective c/s.

Age: 38y/F.

Preoperative Diagnosis: G2P2L2.

Sex: _____

B.P.	H.R.	R.R.	Temp	Height	Weight	Physical Status	I.P. No.
100/70	100/min	18/min	37.5°C			1 2 3 4 5	

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: NID

Medical History: CVS: clear

RESP: GDM

CNS: NAD Diabetes: _____

Renal: _____

Hepatic/GE: APD+/-

Others: _____

Past Anaesthetic History: _____

Physical Exam: Adequate

Airway: MP 1 2 3 Mouth Opening: _____ Mentohyoid Distance: _____ Neck: _____ Teeth: _____

Lungs: _____

Heart: NAD

CNS: Pupils: _____ E V M 15/15

Others: Pallor: +/- Venous Access Site: _____ Spine Exam for regional: _____

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:

- DVT Prophylaxis
- NBM form: 6 hrs prior to sy
- Informed Consent (Standard) High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: _____ SaO2: _____

R.R.: _____ Last Feed: _____

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

Signature: _____

Patient ID :



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA 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. S. Rohini Age : 24y/f
 Gender : M F - IP No : 23324 Consultant : Dr. Nithya's Iyer
 Ward / Bed No. : Anaesthesiologist : Dr. Sujanya K
 Operative procedure planned : Elective csec.

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 : GDM.

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 Ms. Rohini 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: Ashokamraj
Name: Ashok
Relationship with Patient: Husband
Date & Time: 20/06/2026 at 10AM

Witness:

Signature: [Signature]
Name: B. Sridhar
Date & Time: 20/6/26 at 10AM

Doctor (who is taking the consent):

Signature: [Signature]
Name: Dr. Sujanya K
Date & Time: 20/6/2026 ; 9:10 am

Informed Consent for Surgery or Special Procedure

Patient Name : S. Roshini Age : 3.8yr Gender : F

UHID / IP No: HCV-00037173

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).....

Elective LSCS P.V. & PCP + BTL Tubectomy
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 structures, injury to bladder, adhesions, failure of sterilisation, No 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: [Signature]
Name: S. Roshini
Date & Time: 20/6/26 9:30 am

Relative
Signature: [Signature]
Name: Ashok
Relationship with patient: Husband

Witness:
Signature: [Signature]
Name: B. Sridevi
Date & Time: 20/6/26 10Am

Signature: [Signature] Name of Doctor: Dr. Niharika . Allu.
Date & Time: 20/6/26, 9:30am.

[Signature]

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

20/6/26

DEPARTMENT

OBG

NAME:

S. Roshini

UHID / I.P.NO.:

Hw- 37173

WARD / BED NO.:

m111

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

LSCS

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>S. Roshini</i>	Date & Time of Admission <i>20/06/26 @ 8:35^{Am}</i>	Date & Time of Transfer Order <i>20/06/2026 @ 12:40^{Pm}</i>	
Treating Consultant <i>Dr. Niharika</i>	Transfer ordered by <i>Dr. Nikkath</i>	Reason for Transfer <i>post op observation</i>	
From Bed / Ward / Hospital <i>MIU</i>	To Bed / Ward / Hospital <i>303</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>35</i>	Number of Imaging films <i>NST-1</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.		<i>RL - 1</i>	
2.		<i>NS - 1</i>	
3.		<i>PCM - 3</i>	
4.		<i>new mom pad - 01</i>	
5.		<i>Fixator - 1</i>	
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Rudu</i>	Name of person ordering transfer <i>Dr. Nikkath</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time <i>Raj</i> <i>10</i>			

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

9

SURGERY DETAILS

Sl.No.

Date: 20/06/2026

Patient Name : Mrs. S. Roshini Age: 38y Sex: F

UHID No. : HCV-00037173 IP No: 23324

Date of Surgery: 20/06/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery : LSCS W SA

Time in: 10:10 AM

Time Out: 11:30 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Niharika	
2. Anaesthetist	Dr. Sowjanya	
3. Asst. Surgeon		
4. OT Technician	Venkatalakshmi	
5. Circulating Nurse	Sridevi	
6. Asst. Nurse	pavani	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Rudra
Signature of Circulating Nurse

Order No : 9944 / 9945 Ordered by: Rudra



LSCS

CONSUMABLES OF OT

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

Patent Name : S. Roshini Age: 38 yr
 Gender M UHS/IP NO. HCV-37173
 Date : 20/06/26 Time :

Circulating Staff: sridevi Technician:

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		<u>01</u>	Inj. Vit.K		<u>01</u>
LMA			Sutures <u>2347</u>		<u>02</u>	Cord clamp		<u>01</u>
ECG leads : A/P/N			<u>2762</u>		<u>01</u>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<u>01</u>				Vaccum Suction Set		
05 cc		<u>01</u>	Gloves <u>PF 7</u>		<u>01</u>	Surgical Gloves <u>6.5</u>		<u>-02</u>
02 cc			<u>sgl 6.5</u>		<u>04</u>	Gauze Pack		
01 cc			<u>sgl 6</u>		<u>02</u>	Syringe 1 ml/ 2 ml		<u>01</u>
Cautery Plate <u>A/P/N</u>		<u>01</u>	Surgical blade <u>22</u>		<u>01</u>	Surgical Blade # <u>20</u>		<u>01</u>
IV set			NG tube			Koochies (S)		<u>01</u>
RL			Cautery Pencil		<u>01</u>	<u>swabs</u>		<u>02</u>
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>10 + 10</u>		<u>20</u>	<u>New mom pad</u>		<u>-01</u>
Morphine			Gauze Pack			<u>Fixator</u>		<u>-01</u>
Ketamine			Mop Pack		<u>01</u>	<u>D/water</u>		<u>-01</u>
Propofol			Steristrip			<u>D/ Apron</u>		<u>-04</u>
Rocuronium			Underpad		<u>02</u>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter <u>16</u>		<u>01</u>			
Pencan 23g/Spinal Needle 22			Urobag		<u>01</u>			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>8591</u>		<u>01</u>			
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		<u>01</u>			
Justin: 12.5 mg/25mg/100mg		<u>02</u>	Plastic Bed Sheet		<u>01</u>			
Tab. Misoprost : 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>16</u>			
			Ramdione Scrub					
			Saral					

1341
20/6/26

Dr. Niharika
Surgeon

Dr. Anasouja
Anaesthesiologist

penavani
Nurse

OT Technician

Order No: 689968/21

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	IP22-00023324	Ward	3F-THIRD FLOOR
Patient Name	Mrs S.ROSHINI	Bed Name	PRI 303
Age/Sex	38 Y 2 M 23 D / Female	Order No	22-0000689968
Date	20/06/2026 12:19	Prescription No	PRIP22-0291633
Payor	SELPAY	Dispensed Date	20/06/2026 14:45
UHID	HCV-00037173		

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	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706106	08/27	1	1,188.00	1,188.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		01032026	02/29	4	135.00	540.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26A23K76	12/30	1	28.13	28.13
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1	11.25	11.25
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1	2.71	2.71
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
8	FOLEYS CATHETER 16- UROCATH		GENERAL	G25L120042	11/30	1	259.50	259.50
9	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
10	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		11210MAY2026	12/29	1	2,700.00	2,700.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
15	POVINANZ SOLUTION 10% 100 ML		H	N0160011	12/27	1	100.31	100.31
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	4	91.00	364.00
18	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	2	91.00	182.00
19	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	10	11.25	112.50
20	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
21	SURGICARE NEURO STERILE GLOVE-7.0 PF	3M HEALTHCARE	GENERAL	25J7104D10	09/28	1	140.00	140.00
22	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R022609O9	01/29	1	814.00	814.00
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
24	UROBAG (ADULT) - URODYNE		GENERAL	K25L050110	11/30	1	395.00	395.00
25	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
26	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
27	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00

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

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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	IP22-00023324	Ward	3F-THIRD FLOOR
Patient Name	Mrs S.ROSHINI	Bed Name	PRI 303
Age/Sex	38 Y 2 M 23 D / Female	Order No	22-0000689968
Date	20/06/2026 12:19	Prescription No	PRIP22-0291633
Payor	SELPAY	Dispensed Date	20/06/2026 14:45
UHID	HCV-00037173		

Total :	11,203.99	13,655.43
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

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.
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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	IP22-00023329	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O S.ROSHINI	Bed Name	CRDL-PRI-303-1
Age/Sex	0 Y 0 M 0 D 4 H / Female	Order No	22-0000689971
Date	20/06/2026 12:24	Prescription No	PRIP22-0291631
Payor	SELPAY	Dispensed Date	20/06/2026 14:44
UHID	HCV-00040930		

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 X SMALL 5S- HAPPY HUG	HAPPY HUG		RUVNBOIR	12/99	1	150.00	150.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	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
7	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							405.41	500.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI



CONSUMABLES OF OT

Patent Name : S. Rashai Age: 3y
 Gender M F UHIS/IP NO. 23324
 Date : 20/06/26 Time : 10:00am

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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		
LMA			Sutures			Cord clamp		
ECG leads : A/P/N		(03)				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		(01)				Vaccum Suction Set		
05 cc		(03)	Gloves 6/2FF		(01)	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		(01)	NG tube			Koochies (S)		
RL		(02)	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		(01)	Koochies					
inj. Oxytocin		(04)	Ointments					
D. water		(02)	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 22		(01)	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		(01)	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			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

104/2026/26

Surgeon DR. Mihir
 Order No: 689995

Anaesthesiologist Dr. Soujanya

Nurse

OT Technician

Ordered by:.....

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

Rainbow
Children's
Hospital
It takes a lot to keep the baby.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP22-00023324

Patient Name Mrs S.ROSHINI

Age/Sex 38 Y 2 M 23 D / Female

Date 20/06/2026 13:34

Payor SELFPAY

UHID HCV-00037173

Ward 3F-THIRD FLOOR

Bed Name PRI 303

Order No 22-0000689995

Prescription No PRIP22-0291630

Dispensed Date 20/06/2026 14:44

OT(A)

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	1	30.65	30.65
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26A23K76	12/30	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	3	21.56	64.68
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
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	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261228	02/29	1	93.94	93.94
9	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	2	69.39	138.78
10	SPINAL NEEDLE 26G	BECTON DICKINSON (BD)	GENERAL	2507O44	06/30	1	221.72	221.72
11	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	1	140.00	140.00
Total :							1,213.00	1,506.92

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI