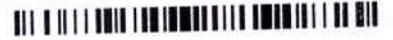


ADMISSION SHEET



Registration Details :

Admission No : IP22-00023369

Admit Date : 24-Jun-2026

Admit Time : 10:57 AM UHID : HCV-00039025

Patient Details :

Patient Name : Mrs GADAMCHITTI KIRAN RAO

Age : 29 Y 0 M 7 D

Guardian : Mr BEVARA SRAVAN KISHORE

DOB : 17-06-1997

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Dr.no:8-26/9, SVMS plaza, Sri ram nagar Block-1, Gopalapatnam, Visakhapatnam Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027

Phone No : 9572637467/ 9572637467

E-mail : kiranraogadamchitti@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT 102

Ward Name : 1F-FIRST FLOOR

Room No : PVT 102

Admission Type : First Visit

Contact Details :

Name : Mr BEVARA SRAVAN KISHORE

Relationship : W/O

Contact Address :

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Family

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 5000.00

Payment Mode : Cash

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:
 UHID No :
 Date of Admission :
 Room / Bed No :
 HCV-00039025 IP22-00023369
 Mrs GADAMCHITTI KIRAN RAO (F)
 17-08-1997 29 Y 0 M 7 D
 Dr. CHUPPANA RAGA SUDHA
 Consultant : Dept:
 Date of Discharge: Time:
 Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	12:15 PM	msee	102	pannai
25/6/26	7:30 AM	102	msee	pannai
25/6/26	9:30 AM	msee	LDR 9	pannai
25/6/26	10:30 AM	LDR 9	102	pannai

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	28/6/26	1079 ✓	Uma.
2.	Prathyusha Samuel	25/6/26	1080 ✓	Prath
3.				
4.				
<i>Cross consult by Prathy</i>				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/6/18	IV placement	①	90976	[Signature]
25/6/18	Epidural changes	①	90989	[Signature]
25/6/18	NVD E Epidural done By DR. Ragandha Time in:- 9:30 AM Time out:- 10:30 AM	①	91002	malathi
<i>cross check by [Signature]</i>				

ANY OTHER INFORMATION

Date: 26/6/18

Time: 8 AM

Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward [Signature]	Billing Assistant	Billing Supervisor
----------------------------	-----------------------------	-------------------	--------------------

Kiri



I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *for induction of labor*

LMP: 15/09/2025

EDD: 22/06/2026

Obstetric Formula: *G2A1*

Corrected EDD:

GA: *40wks 2days*

Menstrual History: Regular: Yes No *3-4d / 28-30d (MF) N/C*

Obstetric Examination *ML- 2years NCM*

Obstetric History:

G1- 2025 / spontaneous abortion @ 8wks / SERPC / check scan done / no post procedure complication

Fundal Height *ut stem*

Present Pregnancy Record

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable *5/5th*

FHS: Normal Tachy Brady Absent

- Spontaneous abortion*
- immunised*
- booked*

RISK FACTORS:

- Hypothyroidism

Per Speculum Examination *⊖*

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination -

Cervix: *tubular, uneffaced* Long Partially effaced Effaced

Os: Closed _____ Dilated *-admitting tip of finger*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: *157.50* cm

Weight: *79.80* kg

Allergies: *nil*

Breast Normal Abnormal

General Examination:

Consciousness: *conscious* Pallor: *⊖*

Icterus: *⊖* Edema: *B/L PE ⊕*

Temp: *Afebrile* PR: *86 bpm*

BP: *120/84 mmHg* DTR: *⊕*

CVS: *S1S2 ⊕* RS: *B/L AE ⊕*

Liver/Spleen: *N/A* Urine Output: *adequate*

DIAGNOSIS

G2A1 / 40wks 2day prog / K1C10 Hypothyroidism / past date by 2days for induction of labor



<p>Family History</p> <p>DM, HTN</p>	<p>Surgical History</p> <p>- nil sig -</p>
<p>Medical History:</p> <p>- keto Hypothyroidism</p>	<p>Medication History:</p> <p>→ on TB. Thyronorm 50mg pl. 24hrs reg currently.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - Vital monitoring - Informed written consent - Pains preparation - PNR @ every 30min - CTG @ 4th hly - Dmc/ w - w/ ut action, labor progress - w/ bleeding pl., leaking pl. - TB. Misoprostol 25mg pl. 4hrs - Infant S/S. <p>2nd dose @ 3:30pm CTG @ 3:00pm</p>	<p>Investigations: Late growth scan on 20/06/20 @ 39wk 6day</p> <ul style="list-style-type: none"> - cephalic presentation - placenta: anterior - Ari: 9.9 - Efw: 3283gm (35%ile) - Doppler normal - BGT - 'O position' - HIV, HW, VDRL, HBs Ag - NR <p><u>30/05</u></p> <p>Hb - 10.7g/l. Plt - 2.43 lac cells/mm³ TC - 7290 DC - 76/171 u/l3 Tcu - 1.56 μW/ml GLT - 88 mg/dL.</p> <p>FTS low risk Anomaly scan: ⊕</p> <p>Urine Albumin: <u>23/6</u> <u>30/5</u> Traces Nil.</p>

Doctor Name: Dr. Ganiga Sivasan
 Signature: [Signature]
 Date & Time: 24/06/2021 @ 11 AM

Consultant Name: Dr. Ch. Raga Sudha
 Signature: [Signature]
 Date & Time: [Blank]

HCV-00039025 IP22-00023369
 Mrs GADAMCHITTI KIRAN RAO
 17-08-1997 29 Y O M 7 D (F)
 Dr. CHUPPANA RAGA SUDHA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/6/26 @ 11AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify Ward

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: come to FOL. Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Asha Lakshmi
 Time Notified: 11:05 AM

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: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>3 TO 4 days</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: <u>13 years</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>15/9/25</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 2 P L A 1

Previous LSCS: No

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected mother

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.6 F HR: 82 bpm RR: 20 bpm
 BP: 114/89 mmHg Weight: 79.80 kg Height: 157.50 cm 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 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 28 (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. Kiran Rao

Orientation not given Reason:

Nurse Signature:

Nurse Name: pavani

Date & Time: 24/6/20 @ 11:02 Am



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00039025 IP22-00023369
Mrs GADAMCHITTI KIRAN RAO
17-08-1997 29 Y 0 M 7 D (F)
Dr. CHUPPANA RAGA SUDHA



M F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/20	3:00pm	C/S/B Dr. Nikita (Reg) - Dr. Sowmya (PG), Dr. Nikita (PG)
		G.A. / 1 week 2 days / Hypothyroidism / for SOL
		<u>Also</u>
		GC: Fair
		1) Rest in LIP/DFMC
		Absentile
		2) CTG with fetal monitoring
		BP: .
		3) FHR hourly monitoring every 30min
		PR: 86/min
		4) w/lt uterine action
		RR: 19/min
		5) w/lt labour progression.
		HLC: No abnormality detected
		6) Monitor vitals
		PLA: uterus w/term
		7) Supers 1.0.1.
		Cephalic
		FHS (+)
		uterus w/ relaxed.
		<hr/>
		gnd dom due @ 3:30pm
		1 next CTG @ 3:00pm
		<hr/>
		<u>Nikita</u>
24/6/20	4:15pm	GC: Fair, vitals stable
		PLA: uterus w/term
		Cephalic
		FHS (+)
		uterus w/ relaxed
		plus ^{ca} :- 30-40% effaced, Posterior.
		os: 1 finger tightly admitting.
		PP: Vertex @ -2 station
		Relax: adequate and gynaecoid.
		gnd dom T-MISOPROST kept @ 4:15pm
		gnd dom due @ 8:15pm
		Next CTG @ 7:30pm
		<u>Nikita</u> W B Koul

CTG reactive

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

U/S/B Dr. Kmpashika (Reg) / Dr. Soumya (P.S.)

24/6/26

10pm

Δ: G₂A₁ | Howls 2 q | Hypothyroidism | DoL
Poc

ofc

GC: fair

Temp: afebrile

PR: 74bpm

BP: 110/70mmHg

H/L: NAD

P/A: ct - kern
cephalic, FHS ⊕
2c/30 & 10cm

CTU
leache

P/v: Cx: minimally affected, posterior
es admitted sup of finger

P/vx, stable 2

pelvic adnex & gyno

show ⊕

2nd dose T-mucopolysaccharide 25mg P/v kept @ 10pm.
↓ aseptic condition.

Next dose due
@ 2am

CTG @ 1am


Noted by Dr. Soumya at 10pm

Dr. Kmpashika
(Reg)

- do
- 1) Rest in LHP / DFMC
 - 2) Reg diet - plenty of oral fluids
 - 3) CTG 4th hourly monitor
 - 4) AHR hourly monitoring for every 30min
 - 5) w/f any (early) P/d or bleeding P/v
 - 6) Monitor vitals
 - 7) Infus 80s.

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00039025 IP22-00023369
Patient Mrs GADAMCHITTI KIRAN RAO
17-06-1997 29 Y 0 M 7 D (F)
Age Dr. CHUPPANA RAGA SUDHA
I.P. # 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/08/2026		C/S By D. Kumpashik (Reg) Dr. Saranya (Pg)
	1:30 AM	G2A 40wks 2day prog Hypothyroidism in latent labo for induction on 3dose Pg4 PAM @
		AC: no pain R
		Afebrile 1) ARMU up
		BP: $\frac{110}{70}$ mmHg 2) PNR @ every 30min
		PR: 94 bpm 3) CTG @ 4th hly
		RR: 16 bpm 4) WLF ut action p/c
		plv - ut tend 5) WLF bed plv, leaph
		cephalic 6) Vital @
		PNR @ 7) Infon s
		ut acting well
		3 u / 40" / 10'
		plv - G min off
		soft pp
		os admits tip
		PP vs @ -2' st ↓-1'
		pelvi. 1 gm
		- a4
		4th dose deferred ilvo adq. ut contraction
		↓
		Not CTG @ 5 AM

[Signature]
Dr. Saranya

[Signature]
noted by Dr. Saranya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/20
8:30am

CLSB Dr. Ashalatha (Reg)

Dr. Somya (Plg), Dr. Nishita (Plg)

G₂A₁ / 40 weeks + 3 days POG / Hypothyroidism / in latent labour

B

GC: Fair

Afebrile

BP: 135/98 mmHg

PR: 84/min

RR: 16/min

HIL: No abnormality detected

P(A) = uterus ~ term

Cephalic

FHS (+)

uterus ~ acting

DRGT in LLP / DEMC

2) CTG with hourly monitoring

3) FHR continuous monitoring

4) w/ uterine action.

5) w/ labour progression

6) monitor vitals

7) Inform S.O.

→ Patient opted for Epidural Analgesia and hence the same was started by Anaesthetist ↓ strict aseptic conditions at 8:00am

plu - 40% effaced

Soft, mp.

as 3cm dilated

pp v. @ -2' st

pelvis - gynecoid
adequate

Dr. Nishita

25/06/20
9:40am

Cervix effaced

as full dilated

pp v. @ +1' sv

pelvis - gym

adeq.

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref HCV-00039025 IP22-00023369
Mrs GADAMCHITTI KIRAN RAO
17-06-1997 29 Y 0 M 7 D (F)
Patient Dr. CHUPPANA RAGA SUDHA
Age : ...
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/06/2026	11 AM	<u>Normal Vaginal Delivery c RMCE & CA</u>
		↓ Aseptic conditions, bladder drained. Abdomen and perineum cleaned c betadine and draped. 10ml of 1% xylocain infiltrated into the perineum. Baby presented as vertex. At crowning of head, RMCE given. Baby presented as vertex and delivered spontaneously, Baby cried immediately. Clear head scan. Delayed cord clamping done and handed over to pediatrician. Placenta along membrane delivered in toto. Episiotomy wound sutured in layers. No extensions / tears found. Hemostasis maintained.
		<u>Result:</u> Fetal / 25/06/26 @ 10:08 AM / 3.062 kg / apgr 9-10/10 / mother side.
		<u>Immediate post natal note</u>
		GC: no pain P
		Afebrile 1) 15 PANTOP 40mg pl. 24th hly 1-0-0
		Bp: 110 / 70 mmHg 2) 15 ACECLOPWS 500mg pl. 9th hly 1-1-1
		PR: 84 bts/min
		RR: 16/min 3) W/F active bed pl.
		HIL: NAD
		PLA: ut utched well 4) Exclusive breastfeeding.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PTO

O/E: NAB
BL Breast soft
Baby: well, noth side.

5) BP monitoring 2nd hourly
↓
Inform if $\geq 140/90$ mmHg

6) w/f s/s of headache, vomiting, epigastric pain
blurred vision

7) Vitals monitor

8) perineal care

9) Infusions

~~noted by Pawan~~

~~By
Anshu~~

25/6
4:00pm

cs by Dr Ratnevali
Dr Nisha (PC)

gc-fau

TPR (N)

BP- 130/80 mmHg

P/A ut retched well

O/E No active bleed

Rx

1) Regular diet

2) Follow oral medication
as per chart

3) 2nd hourly BP monitoring

4) w/f bleeding %

5) Breast feeding

~~N.B. Pawan
25/6 4:00pm~~

20/06/2026
8 AM

SIB Dr. Nikhat (Reg)

Dr. Sonmya (Pa) / Dr. Niteshini (Pa)

Dr. Nikita (Pa) / Dr. Mushe (Pa)

Δ: P.L.I.A. - PND-1

AC fails

Atebrik

BP - $\frac{110}{70}$ mm Hg

PR - 80 bpm

RR - 14 cpm

HCL - No abnormality detected

PA - uterus retracted well

OE - No active PV bleeding

all breast soft

only mother feeds

adv

① Regular diet with plenty of oral fluid

② 4-POVDP 40mg PO ^{2th only}

③ 4-ACCUSOL 50mg PO ^{5th only}

④ w/o any active bleeding PV

⑤ exclusive breast feeding

⑥ monitor vitals

⑦ inform S.O.S

Wishes . ⑧ BP ⑨ 4th hourly inform if $\geq 140/90$ mm

⑩ w/o headache, nausea & vomiting, epigastric pain, blurred vision

Adv

- Continue hypothyroid Rx

- Nipple care

Plan discharge today.

by
Nikhat



REGULAR PRESCRIPTIONS

DRUG : TB PANTOP				Date	26/6														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	po	24ty	25/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TB AEECOPUS				Date	25/6	26/6													
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
500mg	po	8ty	25/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:				[Handwritten notes]															
Daily Doctor's Endorsement by a Sign.																			

DRUG : Ome NIPARE				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
-	YA		26/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
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						
		Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.		
DRUG :		Dose		Dose		Dose		Dose
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.
Route	Start Date	Dose		Dose		Dose		Dose
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.
Name & Signature of the Doctor		Dose		Dose		Dose		Dose
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.
Additional Instructions		Dose		Dose		Dose		Dose
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
24/6/26	11:20 AM	TB MISOPROSTOL	25mcg	PO	[Signature]	Pawai Indragi
24/6/26	4:35 PM	T MISOPROSTOL	25mcg	PO	[Signature]	Mouli Pooche
24/6/26	10:00 PM	T MISOPROSTOL	25mcg	PO	[Signature]	[Signature] [Signature]
25/6/26	9:30 AM	T LABETALOL	200mg	PO	[Signature]	Gy malathi
25/6	10:08 AM	1ml OXYTOCIN	10U	IM	[Signature]	Pawai Eswari
25/6	10:30 AM	TB JUSTIN	200mg	PO	[Signature]	Pawai Eswari

Date: 25/6/26

Time: 7:54 AM

Name: A. Wines 200

Proposed Operation Epidural Analgesia

Age: 29

Preoperative Diagnosis C2 A1 = 4 weeks = past date = 2 days = 2 days Sex: F

B.P. 120/80 H.R. 90/min R.R. 18/min Temp 36.5°C Height 157cm Weight 75kg Physical Status 1 (2) 3 4 5 I.P. No. 23369

LABORATORY DATA

Hgb 10.7 g/dl Glucose 88 mg/dl Protien _____ HIV _____ X-ray _____ Other: _____
 PCV _____ Urea _____ Alb _____ HBS Ag _____ ECG _____
 WBC 2290 Creat _____ Total Bill _____ HCV _____ 2D Echo _____
 Plate 243 10⁹/L Na _____ Dir. Bill _____ Blood group _____ Stress/Angio _____
 PT _____ K _____ LDH _____ Other _____
 PTT _____ Ca++ _____ Alk phos _____
 INR _____ Mg++ _____ Amylase _____ T84 = 1.56

Allergies: -

Medical History: - CVS: -

RESP: -

CNS: - Diabetes: -

Renal: -

Hepatic / GE: - APD+/-

Others: 4/4 of hypothyroidism or T. hypothyroidism

Past Anaesthetic History:

Physical Exam

Airway MP 12 (3) Mouth Opening 3.5cm Mentohyoid Distance: (N) Neck: (N) Teeth: No loose

Lungs: (N) 6h VAS

Heart: S1 S2

CNS: Intact Pupils: (N) EVM 10/15

Others: Pallor: + (1) Venous Access Site: Scapula Spine Exam for regional: Spine Exam

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

WILL TAKE BLOOD YES/NO PREGNANT LMP YES/NO

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:
 1. DVT Prophylaxis
 2. NBM form:
 3. Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: SaO2 :
 R.R.: Last Feed :
 B.P./C.T.Y.:

Signature: ... O. M. ...

Date : 25/6/26 Time: 8:06 Am Procedure done by: Dr. Manali
CSE/Spinal/Epidural Position: Sitting Space: L3-4 Technique (LOR/LOS)
Depth: 5 1/2 Catheter at Skin: 10cm Attempts: 1

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			
8:06 Am		8cc 0.1 1% Lidoc	T10	T10	110/70, 90b/m	100/m	
8:30 Am	0.125% 5ml/hr @ 4ml/hr		T10	T10	110/70, 90b/m	100/m	

Deliver Details : Time: 10:08 Am APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Dr. Sowjanya

Patient Satisfaction: Satisfied

11:05 Am

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



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : C. Kishor Rao
Gender : M F IP No. : 23369
Age : 29 Department :
Date : 25/6/26

I, C. Kishor Rao S/D/W/O B. Suman Kishore
hereby consent for the procedure of Epidural Analgesia

For my patient / myself named C. Kishor Rao UHID NO.

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure : 80% pain relief, PPH, ptery base, fetal distress, Epidural, catheter migration

The doctor have explained to me about the alternative to the procedures as : General

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : 0.12% Propofol

I have been explained about possible complication of sedation such as : fall in blood pressure
Fall in heart rate, suppression of spontaneous breathing, Others.....

I have been explained about the alternative to the sedatives as :
I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : D. Manohar

Name of the Doctor administering the sedation : D. Manohar

Patient Attendant :
Signature : [Signature]
Name : B. Suman Kishore
Relationship with Patient : Husband
Date & Time : 25/6/2026

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : D. Manohar
Name : D. Manohar
Date & Time : 25/6/26 @ 7:34 AM

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పేషెంట్ పేరు :

లింగం : పు స్త్రీ

ఐ.డి. నెం.

వయస్సు.....డిపార్ట్‌మెంట్.....

తేది :

నేను :S/D/W/O.....

నేను/నా బాలుడు/బాలికఐ.డి.నెం.....

జరుగు.....అను విధానంపై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా :

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండె రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు :

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు :

సంతకము :

పేరు :

తేది మరియు సంతకము :

సాక్షి :

సంతకము :

పేరు :

తేది మరియు సంతకము :

డాక్టర్ :

సంతకము :

పేరు :

తేది మరియు సంతకము :

HCV-00039025 IP22-00023369
Mrs GADAMCHITTI KIRAN RAO
17-08-1997 29 Y 0 M 7 D (F)
Dr. CHUPPANA RAGA SUDHA

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

25/6/20.

- 1. Breastfeeding initiated?
 a. Yes b. No

- 2. If No, Reason

- 3. Nipple condition:
 a. Nipple well formed
 b. Flat nipple
 c. Inverted nipple
 d. Short nipple

- 4. Milk flow:
 a. Good
 b. Drops of colostrums
 c. Dry

- 5. Steps for Positioning and attachment:
 a. Baby goes to the breast
 b. Mother always sits with a back support
 c. Ear-shoulder-hip should be in a straight line
 d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- a. Yes
- b. No

7. For Caesarian mothers:

- a. Mother is required sit and feed from the 4th feed
- b. Please explain football hold

8. NICU admission:

- a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: 25/6/26

→ Baby warm care given
→ CSB & clamp done.
→ inj. vit & inj given.
→ sample sent to lab @ 20 hrs.

Handover given by Faueri

Handover taken by Uma

Signature [Signature]

Signature [Signature]

Date & Time: 25/6/26

Date & Time: 25/6/26

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

24/6/26.

DEPARTMENT

OBG

NAME:

Ms. G. Kiran Rao

UHID / I.P.NO.:

Hew - 00039025

WARD / BED NO.:

m5e.

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / 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>23369</i> <i>mes. bilan ad</i>	Date & Time of Admission <i>24/6/26 @ 10:57am</i>	Date & Time of Transfer Order <i>25/6/26 @ 11:30am</i>
Treating Consultant <i>DR. Rajasudha</i>	Transfer ordered by <i>DR. Ashalatha</i>	Reason for Transfer <i>post-op well</i>
From Bed / Ward / Hospital <i>CDR I</i>	To Bed / Ward / Hospital <i>102</i>	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> <i>/</i>
Number of Sheets in clinical file <i>30</i>	Number of Imaging films <i>6</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>new non pad</i> (10)	
2.	<i>fixator</i> (1)	
3.	<i>Tab. Acecloplus</i> (10)	
4.	<i>Tab. pantop</i> (10)	
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Pavai</i>	Name of person ordering transfer <i>DR. Ashalatha</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time <i>Uma</i> <i>25/6/26 @ 11:50pm</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

PATIENT TRANSFER FORM

Patient Name / I.P. No. <i>Ch. Krishna Rao</i>	Date & Time of Admission <i>24/6/26 at 10 AM</i>	Date & Time of Transfer Order <i>28/6/26 at 7 AM</i>	
Treating Consultant <i>Dr. Rajasudha</i>	Transfer ordered by <i>Dr. Rajasudha</i>	Reason for Transfer <i>for IOL</i>	
From Bed / Ward / Hospital <i>102 1st floor</i>	To Bed / Ward / Hospital <i>medu</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>42</i>	Number of Imaging films <i>(5)</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>IV set, RL</i>		
2.	<i>uenderpad</i>		
3.	<i>tally</i>		
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Rahul</i>	Name of person ordering transfer <i>Dr. Rajasudha</i>	Name & Signature of Nurse Supervisor <i>Berikatha</i>	Referral note & referral Doctor Name: <i>Dr. Rajasudha</i>
Patient & Clinical records received by: <i>Ahau</i>			
Signature with Date & Time <i>28/6/26</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

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>23369</i> <i>Mrs. Keerthi Rao</i>	Date & Time of Admission <i>24/6/26 @ 10:57 AM</i>	Date & Time of Transfer Order <i>24/6/26 @ 12:15 PM</i>	
Treating Consultant <i>Dr. Rajgundla</i>	Transfer ordered by <i>Dr. Akhota</i>	Reason for Transfer <i>102 (obsequation)</i>	
From Bed / Ward / Hospital <i>m1eu</i>	To Bed / Ward / Hospital <i>102</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>25</i>	Number of Imaging films <i>1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>under pad</i>	<i>2</i>	
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Pavan</i>	Name of person ordering transfer <i>Dr. Akhota</i>	Name & Signature of Nurse Supervisor <i>nakathli</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Uma</i>			
Signature with Date & Time <i>24/6/26 12:15 pm</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

4

SURGERY DETAILS

Sl.No.

Date: 25/6/26

Patient Name : Mrs. Kiran Rao Age: 29y Sex: F

UHID No. : HCV-00039025 IP No: 23369

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

Name of the Surgery : NVD E Epidural

Time in: 9:30Am

Time Out: 10:30Am

NAME

AMOUNT

1. Surgeon : Dr. Ragesudha

2. Anaesthetist :

3. Asst. Surgeon :

4. OT Technician :

5. Circulating Nurse : Parvathi

6. Asst. Nurse : Eswaramma

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 691002 Ordered by:

NVD

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



CONSUMABLES OF OT

Patent Name : Mrs. Kiran Rao Age: 29
 Gender M UHS/IP NO. 39025
 Date : 25/06/26 Time :

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

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>NVD</u>		<u>01</u>	Inj. Vit.K <u>01</u>		
LMA			Sutures <u>2762</u>		<u>01</u>	Cord clamp <u>01</u>		
ECG leads : A/P/N						Suction Catheter <u>6'</u> <u>01</u>		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<u>01</u>				Vaccum Suction Set <u>01</u>		
05 cc		<u>02</u>	Gloves <u>642</u>		<u>05</u>	Surgical Gloves <u>642+67+11=02</u>		
02 cc			<u>6</u>		<u>01</u>	Gauze Pack		
01 cc						Syringe <u>M/ 2 ml</u> <u>01</u>		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade #20 <u>22</u> <u>01</u>		
IV set			NG tube			Koochies (S) <u>01</u>		
RL			Cautery Pencil			<u>Alcohol swabs</u> <u>02</u>		
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		<u>10</u>			
Morphine			Gauze Pack			<u>Diapers</u> <u>02</u>		
Ketamine			Mop Pack		<u>01</u>	<u>Dist water</u> <u>03</u>		
Propofol			Steristrip			<u>New mem pad</u> <u>01</u>		
Rocuronium			Underpad		<u>02</u>	<u>New mem fixator</u> <u>01</u>		
Glycopyrolate			Draw Sheet			<u>Tup: oxylocum</u> <u>06</u>		
Myopyrolate			Abgel			<u>protogaurm</u> <u>02</u>		
Ondansetron			Foleys Catheter			<u>Hand care</u> <u>03</u>		
Pencan 23g/Spinal Needle 22			Urobag			<u>Alclon Cath 12'</u> <u>01</u>		
Bupivacine 0.25%			Chest Drinage Catheter			<u>Tup: dok 24</u> <u>01</u>		
Bupivacine 0.25%(Heavy)			Romodrain bag			<u>Lot jelly</u> <u>01</u>		
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg		<u>02</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>20</u>			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Ragahedha Anaesthesiologist

P. Swaramma Nurse

OT Technician

Order No: 691025/1030 / 1105/1293 Ordered by: [Signature]

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	IP22-00023369	Ward	1F-FIRST FLOOR
Patient Name	Mrs GADAMCHITTI KIRAN RAO	Bed Name	PVT 102
Age/Sex	29 Y 0 M 8 D / Female	Order No	22-0000691025
Date	25/06/2026 11:56	Prescription No	PRIP22-0292074
Payor	SELPAY	Dispensed Date	25/06/2026 14:12
UHID	HCV-00039025		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	2	135.00	270.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	1	21.56	21.56
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2243471	09/27	1	2.71	2.71
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	5	18.90	94.50
6	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
7	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	3	38.00	114.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
10	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1	78.00	78.00
11	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
12	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
13	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	20	23.43	468.60
14	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
15	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
16	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	5	91.00	455.00
18	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
19	SURGEONS CAP	Mediblue	GENERAL	MB2505141	05/28	5	11.25	56.25
20	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	THC26004	03/28	1	36.75	36.75
21	UNDER PADS 10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
22	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							4,796.78	6,616.29

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

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

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

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023382	Ward	1F-FIRST FLOOR
Patient Name	Baby B/O GADAMCHITTI KIRAN RAO	Bed Name	CRDL-PVT-102-1
Age/Sex	0 Y 0 M 0 D 4 H / Female	Order No	22-0000691030
Date	25/06/2026 12:00	Prescription No	PRIP22-0292073
Payor	SELPAY	Dispensed Date	25/06/2026 14:12
UHID	HCV-00041042		

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	6043348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	1	91.00	91.00
7	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
8	SUCTION CATHETER 6 ROMSONS	ROMSONS	GENERAL	K24F011130	05/29	1	83.44	83.44
9	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
10	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
Total :							1,318.85	1,322.94

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

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

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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	IP22-00023369	Ward	1F-FIRST FLOOR
Patient Name	Mrs GADAMCHITTI KIRAN RAO	Bed Name	PVT 102
Age/Sex	29 Y 0 M 8 D / Female	Order No	22-0000691105
Date	25/06/2026 15:06	Prescription No	PRIP22-0292093
Payor	SELPAY	Dispensed Date	25/06/2026 16:04
UHID	HCV-00039025		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2243471	09/27	2	2.71	5.42
2	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	1	18.90	18.90
Total :							21.61	24.32

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY
VEMPADA

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	IP22-00023369	Ward	1F-FIRST FLOOR
Patient Name	Mrs GADAMCHITTI KIRAN RAO	Bed Name	PVT 102
Age/Sex	29 Y 0 M 9 D / Female	Order No	22-0000691293
Date	26/06/2026 10:30	Prescription No	PRIP22-0292182
Payor	SELPAY	Dispensed Date	26/06/2026 10:39
UHID	HCV-00039025		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	1	21.56	21.56
Total :							21.56	21.56

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY
VEMPADA