Name	Master AGASTYA SINGH	**UHID**	VIH-00206096
Father/Guardian	Mr SUSHEEL KUMAR SINGH	**Age/Gender**	5 Y 5 M 4 D/Male
Address	KOMPALLY, Kompally, Hyderabad, Telangana, INDIA, 500100		
IP No	IP-00060482	**Admission Date**	25-06-2026
Ref Doctor		**Discharge Date**	25-06-2026

DISCHARGE SUMMARY

Consultant : Dr. JYOTI BOTHRA
DNB; MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY
TSMC/FMR/02962

Diagnosis: Right inguinal hernia

Surgical Procedure: Right open herniotomy done under general anesthesia on 25.06.2026

History: Master AGASTYA SINGH, 5 Y 5 M 4 D male presented with complaint of swelling over the right inguinal region. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate was 88/min, Blood Pressure - 100/60 mmHg and RR - 22/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 19.6 kgs.

Investigations: Enclosed.

Name	Master AGASTYA SINGH	UHID	VIH-00206096

Management: Child was admitted in the ward and was started on IV fluids.

Hemogram showed Hb - 10.7 gm%, WBC - 6,260 cell/cmm, Platelets - 2.25 lakh/cmm.

Procedure: Right open herniotomy done under general anesthesia on 25.06.2026

Operative Notes:
- Right mid-inguinal lower crease incision
- Right hernial sac dissected, transfixed and ligated at base
- Distal sac laid open
- Incision closed in layers

Post-Operative Notes: Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

Advice:
1. Diet as advised.
2. Remove dressing on 28.06.2026 (Sunday) and daily bath.
3. Syrup Paracetamol (5ml=240mg) 5ml, 8^{th} hourly (after food) for 2 days and then (if required) for pain or fever more than 100^{o}F.
4. Kindly consult Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urologist, after 10 days on Video Call Consultation with prior appointment (This consultation will be charged).

Name	Master AGASTYA SINGH	UHID	VIH-00206096

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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : sushil singh. Signature :

Relationship with patient : father.

This summary has been explained by : ~~father~~. Ruby

Summary prepared by: Dr. Prashanthi
DEO :MD Younus Pasha

Dr. prashanthi
Registrar/Resident/C.M.O

For Pr
Dr. JYOTI BOTHRA
DNB; MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY
TSMC/FMR/02962

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AC VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA
LLING

Nam

UHID ... ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 25/06/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	@ 1:40pM	E.R.	O.T	
25/6/26	4:30pm	OT	Recovery Room	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/6/25	CBP	26621488	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/06/26	IV Placement	1	3094414	RL
	PAC.	1.	3094423	RL

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFECIENCY C ... L CASE SHEET

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Patient Name :

Ward :

P. No :

DOD :

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Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment.	1	✓	✓	
4	Patient Transfer form	2	✓	✓	
5	In-patient Medical record	1	✓	✓	
6	Doctors progress sheets	1	✓	✓	
7	Nursing plan of care and handover sheets	2	✓	✓	
8	Consultation sheet	—	—	—	
9	General consent for treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
11	Consent for blood transfusion	—	—	—	
12	Consent for chemotherapy	—	—	—	
13	Consent for high risk	—	—	—	
14	Consent for Restraint	—	—	—	
15	LAMA consent	—	—	—	
16	Consent for special procedure/Sedation	—	—	—	
17	Consent for Formula feed	—	—	—	
18	Consent for MTP	—	—	—	
19	Consent for Radiological Investigations	—	—	—	
20	Consent for HIV test	—	—	—	
21	Anaestesia notes (Pre Anaesthesia& post)	1	✓	✓	
22	Neonatal Admission/Delivery/Physical Exam	—	—	—	
23	Medication Reconciliation	1	✓	✓	
24	Emergency Triage record	1	✓	✓	
25	Pre operative check list	1	✓	✓	
26	Surgical safety checklist	1	✓	✓	
27	Operation Theatre notes	1	✓	✓	
28	Nurses clinical Presentation	—	—	—	
29	TPR & BP chart	1	✓	✓	
30	Intake and Out take chart (fluid chart)	1	✓	✓	
31	Drug chart (Regular Prescription)	1	✓	✓	
32	Investigation Values (result sheet)	1	✓	✓	
33	Nebulization chart	—	—	—	
34	Nutritional review chart	—	—	—	
35	Intensive care unit (ICU Charts)	—	—	—	
36	Consent for Admission in PICU/NICU	—	—	—	
37	The Humpty dumpty scale	1	✓	✓	
38	Braden Q Scale Check for Thrombop	1	✓	✓	
39	Bed side check list Pain Assessment	1	✓	✓	
40	PICU bed formula Dilution feeds Braden Q	1	✓	✓	
41	Gastro monitoring chart SS	1	✓	✓	
42	Rch ED doctors not Billing Policy	1	✓	✓	
43	BP Monitoring chart Attendant Infor.	1	✓	✓	
44	RBS monitoring chart Admission Ind.				
	- mention c Estimation	1	✓	✓	
	Total No. of Pages	29			

Signature and Date: 25/5/26

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060482 **Admit Date** : 25-Jun-2026 **Admit Time** : 01:10 PM **UHID** : VIH-00206096

Patient Details :

Patient Name	: Master AGASTYA SINGH	**Age**	: 5 Y 5 M 4 D
Guardian	: Mr SUSHEEL KUMAR SINGH	**DOB**	: 21-01-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KOMPALLY Kompally Hyderabad Telangana INDIA 500100	**Phone No**	: 9700180069/
		E-mail	: NA@GMAIL.COM

mission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr SUSHEEL KUMAR SINGH **Relationship** : Father

Contact Address : KOMPALLY Kompally Hyderabad Telangana INDIA 500100 **Phone No** : 9700180069 /

Signature

octor Details :

Doctor Name : Dr. JYOTI BOTHRA **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Patient Name : Mast. AGASTYA SINGH UHID : VIH-00206096 IPD : IP-00060482 Gender : Male Age : 5 Y 5 M 4 D

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/6/26 Time of arrival : 12:45 PM

Chief Complaints: C/O open Herniotomy RBS: —

Height : — Weight : 19.6kg BMI : — Head Circumference (<2 years) .....

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☐ Yes ☐ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With Family

Siblings in household ☐ Yes ☐ No (if yes How Many?) 1 (Sister)

Time of Initial assessment completed by ER Nurse : 12:48 PM

Patient Name : Mast. AGASTYA SINGH UHID : VIH-00206096 IPD : IP-00060482 Gender : Male Age : 5 Y 5 M 4 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
12:40PM	* patient came to ER
12:44PM	* vitals checked and Recorded
12:55PM	* Dr. prashanthi seen the patient and adviced admission
1:10PM	* Admission process done
1:20PM	* collected the samples & Sent to lab
	* last food is 6:30 AM & 1:00PM (water)

Samples collected by: } Sr. Rajyalaxmi Time: } 1:15 PM
Samples sent by : } Time: }

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			nil		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 88 b/m BP: 95/61 (71) CFT: <2sec	Shift - out from ER to: OT
RR: 24 b/m SPO$_2$: 99 %	Time of Shift - out: 1:40PM
GCS: 15/15 Temperature : 97°F	Handover given to: Sr. Architha (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Architha Signature of the Nurse :

Date & Time : 25/6/26 1:40PM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206096 IP-00060482 Master AGASTYA SINGH 21-01-2021 5 Y 5 M 4 D (M) Dr. JYOTI BOTHRA	25/6/26 @ 12.30 pm.	25/6/26 @ 3.30 pm.
	Transfer Ordered by Dr. Madhav	Reason for Transfer Post Op care.
From Unit OT	To Unit Recovery Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Dr. Jyoti Bothra.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Mamta	Dr. Madhav.

Patient & Clinical Records Received by : Ruby P

Date & Time of Patient Received : 25/6/26 3.30 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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206096 IP-00060482 Master AGASTYA SINGH 21-01-2021 5 Y 5 M 4 D (M) Dr. JYOTI BOTHRA	25/06/26 @ 1:10PM	25/06/26 @ 1:40 PM
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Admission
From Unit E.R	To Unit O.T	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ? all file given.

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Rajyath.	Dr. Prashanthi

Patient & Clinical Records Received by : Kiran 1 40

Date & Time of Patient Received : 25/6/26 @ 1 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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206096 IP-00060482
Master AGASTYA SINGH (M)
21-01-2021 5 Y 5 M 4 D
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Name : Agastya Singh. Age/Sex 5Y/male.

Information given by: father. Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o swelling over the (Rt) Inguinal region.

History of present illness :

c/o swelling over the (Rt) Inguinal region.

↓

(Rt) Inguinal hernia: < Rt testis descended. / lt testis superior root of scrotum.

posted for SX + (R) open Herniotomy.

(L) (SOS) Orchiopexy.

NPO — Solids - 6:30 am. / liquids -

No H/o cold, cough, fever.

Pa

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

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

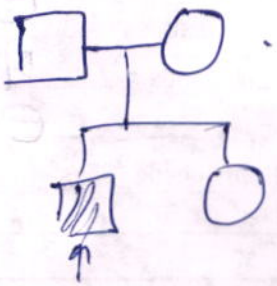
Not significant

Birth & Neonatal History:

Birth | LSCS.

↓

LIAB. No proper information given.



Birth & Socio Economic History:

About Father : } Class III
About Mother :
Any additional Information :

Developmental History :

Development achieved as per Age - In all 4 domains.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00206086 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 19.6 kgs (Centile _____)

On Examination :

Temperature : 97.2°F Pulse Rate : 88 b/m B.P. 95/61 SPO2 100%.

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+)

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1S2 (+)

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection N

Palpation : P/A: NAD

Ausculation : _____

Spine : N External Genitelia : N

Relevant data from outside (CT, USG etc.,) _____

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : (N)

Motor System:

Nutriton : (R) (L)

Tone: (N) Power 5/5 5/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-).

Reflexes :

DTR tnt **Superficials:** tnt

Plantars flexor

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

(Rt) Inguinal Hernia.

Posted for Sx (Rt) open Herniotomy (2017) (Lt) orchiopexy.

(P.T.O.)

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP ✓

PAC - done ✓

Noted By Dr Rajnish. on 25/6/26 @ 1.25 pm

Planned Management

- cannulate the child.
- NPO
- Shift to OT on call.
- Monitor vitals
- Inform (SOS).

Signature of the Doctor:

Name of the Doctor: Dr. prashanth

Date & Time: 25/06/26.

Signature of the Consultant:

Name of the Consultant: Dr. Jyoti Bothra

Date & Time: 25/6/26, 4pm

VIH-00206096 IP-00060482
Master AGASTYA SINGH (M)
21-01-2021 5 Y 5 M 4 D
Dr. JYOTI BOTHRA

(V)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Dr Jyoti	
	c/o (R) Open Herniotomy	
	Stable	
	Adv	
	D/C today	
	[signature]	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: –				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure: open Herniotomy				Post OP Day:		
BACKGROUND	Date / Shift	25/6 ER					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	NPO					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.2°F					
	Res:	22 b/m					
	SpO_2:	99 %					
	Pulse:	81 b/m					
	BP:	95/61 (71)					
	LOC:	conscious					
	Fall Risk Score:	Nil					
	Pain Score:	"0"					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	NPO					
	Critical Lab Test / Values:	Nil					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent					
Post Operative Procedure Special Orders:		Nil					
Handed Over By Name :		Archi					
Signature / ID :		AS/10206012					
Date:		25/6					
Time:		@1:40PM					
Taken Over By Name :		Kumari					
Signature / ID :		018733					
Date:		25/6/26					
Time:		1 upm					

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master AGASTYA SINGH**	**Age :**	**5 Y 5 M 4 D**
IP No:	**IP-00060482**	**Sex:**	**Male**
Consultant:	**Dr. JYOTI BOTHRA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: S. Kumar Singh
Relationship: Father
Date: 25-6-2026 Time:

Patient Address:
KOMPALLY Kompally Hyderabad
Telangana INDIA 500100

Wittness Name:
Wittness Signature:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Your Right to a Safe Delivery

Patient Name : Agastya Singh Gender: ☑ Male ☐ Female Age : 5yr

UHID No : 206096 Date : 25/6/26

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)

(R) Open Herniotomy

upon

(Name of the Patient) Agastya

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized 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 Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Infection, Bleeding

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr Jyoti Bothra

Consentee :

Signature : /

Name :

Date & Time :

Patient Attendant :

Signature :

Name : Susheel Kumar Singh

Relationship with Patient: father

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr Jyoti Bothra

Date & Time : 25/6/26, 2pm.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : AGASTYA SINGH Age : 5yr. Gender : Male ☑ Female ☐

UHID NO: VIH00 206096 Surgeon Name: Dr - Jyoti

Anaesthesiologist : Dr. Madhav.

Operative procedure planned : Right open Herniotomy.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

eneral anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events 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 anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors 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 / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

omments : .....

- 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 / my patient AGASTYA SINGH, the above mentioned operation / Diagnostic / Therapeutic procedures Right Open Herniotomy

I authorize and give consent for anaesthesia ☑ Regional / ☐ General Anesthesia ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and 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 Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, Central Venous Pressure 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 anesthesiologist 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 / Monitored Anesthesia Care 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 / Patient Attendant :

Signature : .....

Name : Susheel Kumar Singh

Relationship with Patient: father

Date & Time : 20/6/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr P Madhav

Date & Time : 20/06/26

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NO ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... O.T .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Prashant M .....

Date & Time : ..... 25/06/26 @ 1.15 pm .....

Nurse Name & Signature: ..... Rajyalaxmi .....

Date & Time : ..... 25/06/26 @ 1.40 pm .....

Patient Name : Mast. AGASTYA SINGH UHID : VIH-00206096 IPD : IP-00060482 Gender : Male Age : 5 Y 5 M 4 D

Patient Sticker

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Wt: 19.6 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Agastya Age : 5yrs Gender: ☐ Male ☐ Female

Date : 25/6/26 Time of Arrival : 12:40PM

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.2°F PR: 88 b/m BP: 95/61 (71) RR: 24 b/m SpO2: 100 %

Chief Complaints: C/O open Herniotomy Surgery

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12:44PM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Aschitha

Signature of Triage Nurse : .....

Date & Time : 25/6/26 @ 12:44 pm

Docu. No. : RCH /FRM / CLINICAL / 085

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Jyoti
Asst. Surgeon :
Anaesthetist : Dr. Madhav
Scrub Nurse : Dr. Jyothi

Patient Name : VIH-00206096 IP-00060482 Master AGASTYA SINGH 21-01-2021 5 Y 5 M 4 D (M) Dr. JYOTI BOTHRA
UHID No. :
Date : ... Time : ...

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:05 pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☑ No ☐ NA

Signature : B. de
Name : Dr. Brunda
25/6/26.

Before Skin Incision ➤➤

TIME OUT Time: 2:15 pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm (R) Open Herniotomy
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? non 20 mins 5ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? laryngospasm ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature :
Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 2 pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature :
Name : Dr. Jyoti Bothra

Rainbow Children's Medicare Ltd.
3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station
Karkhana Main Road, Kakaguda, Secunderabad - 500009.
Tel :+91-40-4246 2200, 2789 5050, 2789 6060.
GST: 36AABCR4014M1ZE **email:** vrchbilling@rainbowhospitals.in
CIN: L85110TG1998PLC029914 www.rainbowhospitals.in

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OPERATION THEATER NOTES

Patient's Name : Master AGASTYA SINGH	**Age : 5 Y 5 M 4 D**	**Gender : Male**
UHID : VIH-00206096	**I.P. NO.** 00060482	**WEIGHT : 19.6 kg**
Surgeon : Dr.. JYOTI BOTHRA	**Asst surgeon :** Dr	
Anaesthetist : Dr Madhav	**OT Nurse :** S/N	
Surgical Procedure :. RIGHT OPEN HERNIOTOMY		
Indications for Surgery : Right inguinal hernia		
Anaesthesia - GA		

PRE-OPERATIVE PREPARATION-
Betadine skin preparation

OPERATIVE NOTES :-
- Right mid-inguinal lower crease incision
- Right hernial sac dissected, transfixed and ligated at base
- Distal sac laid open
- Incision closed in layers

Anaesthesia Uneventful recovery.

POSTOPERATIVE ORDERS

1. Diet as advised
2. Remove dressing on 28.06.2026 (Sunday) and daily bath
3. Syp Crocin 5ml twice a day and then SOS for pain/fever (maximum 6th hourly)
4. Kindly consult Dr. Jyoti Bothra, Consultant Pediatric Surgeon, after 10 days on Video Call Consultation with prior appointment (This consultation will be charged)

Consultants Surgeon's Name
Dr. JYOTI BOTHRA

Consultant Surgeon's Signature

Date : 25/6/26

Time :

NABH ACCREDITED

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

Weight. ..... Ward. .....

	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
25/6/25	2:15PM	SUPP. DICLOFENAC	25mg	P/R	B de	Rajesh
25/6/25	2:30PM	Inj. PARACETAMOL	300mg	IV	B de	Rajesh

VERIFIED BY : Name ..... Signature .....

VIH-00206096 IP-00060482
Master AGASTYA SINGH
21-01-2021 5 Y 5 M 4 D (M)
Dr. JYOTI BOTHRA

REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

ESTIMATION SLIP

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Date: 20/06/26 UHID/IP No.: VIH-206096 Sl. No.: 28898

Name of Patient: Mast Agastya Singh Age: 5y Gender: M

Father's / Husband's Name: MR. Sushesi Singh Corporate/Occupation:

Address: Phone: 9700180069 Email:

Procedure/Plan: (R) open Herniotomy SOS (L) orchiopexy DOS:

MODE OF PAYMENT: ☑ SELF ☐ TPA: CASH ☐ GIPSA: ☐ OTHER

TARIFF INFORMATION: Dr. Jyoti bothra

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges						8	hrs of stay	2	1
Doctor's Fee									
L. Tax									480

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	48,500/- (H+O 73,500/-)
O.T Consumables	4000/- Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	★ As per actual – Not Included In Estimation

Equipment Charges				
	Monitor: 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 960/-	
	Ventilator	Conventional:	HFO-SLE 5000:	HFO-Sensormedix:
	Phototherapy	Single Surface:	Double Surface:	Triple Surface:

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	★ As per actual – Not Included In Estimation
Package	RBC-2,000/- MRD-2,500/-
Others	
Minimum Deposit	65,000/- 90,000/-

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I Susheel Kumar Singh have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor