



PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT

Name of the Hospital : Date : 24/06/2024

Address :
RAINBOW CHILDREN'S MEDICARE LIMITED
No. 157 Anna Salai, Guindy, Chennai - 600 015
www.rainbowhospitals.in

PATIENT NAME (BLOCK LETTERS) : BABY OF ZAHANAVI AGE/SEX : MALE

IP No : UHID No : Mobile No of Patient :

Date of Admission : 23/06/2026 Time of Admission : 03:00 AM

Date of Discharge : Time of Discharge :

Address of the Patient : 25-2-204, 1st STREET, KESAVULA NAGAR, VEDAYAPALEM, NELCOR - A.P 524004

NAME OF THE ATTENDANT : Sudeeshan Relationship with the Patient : Father

Mobile No. of Attendant : 9160013606 Address : 25-2-204, 1st STREET, KESAVULA NAGAR, VEDAYAPALEM, NELCOR - A.P 524004

Declaration regarding Insurance Policy (Strike off the option which is not applicable)

(i) Declaration when patient has no insurance policy:

- I declare that I do not have any insurance policy.

(ii) Declaration when patient has insurance policy:

- I declare that I have following Insurance Policies

Policy No/TPA card No: 5151396132

Insurance Company: THE NEW INDIA ASSURANCE CO. LTD

2) Whether patient opted for Eligible Room Category under Policy:

Yes / No

3) In case, policyholder wishes to avail better facility:

Name of the Additional Facility/ Provision/ Procedure/ Treatment which costs Rs : 150,000/-

(In words:

.....) only.

On my own option, I wish to avail above better facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Additional Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed PPN tariff. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed PPN tariff rates and balance amount will be borne by myself or patient only.

I have also been explained that when room service of a category better than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me.

Signature :
Name of the Patient/Patient's attendant:

Signature :
Name of the Hospital Representative & Hospital Seal :

RAINBOW CHILDREN'S MEDICARE LIMITED
No. 157, Anna Salai, Guindy, Chennai - 600 015
www.rainbowhospitals.in

క్రమ సంఖ్య 1
S.No.1



ఫారము. 5
FORM 5



ఆంధ్రప్రదేశ్ ప్రభుత్వం
GOVERNMENT OF ANDHRA PRADESH
DEPARTMENT OF HEALTH, MEDICAL AND FAMILY WELFARE
మునిసిపల్ కార్పొరేషన్ నెల్లూరు
MUNICIPAL CORPORATION NELLORE
జనన ధృవీకరణ పత్రము
BIRTH CERTIFICATE

(జనన & మరణాల నమోదు చట్టం, 1969, సెక్షన్ 12/17 ప్రకారము మరియు 8/13 ఆంధ్రప్రదేశ్ జనన & మరణాల నమోదు నిబంధనలు, 2026 క్రింద జారీ చేయబడినది)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE ANDHRA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2026)

ఈ క్రింది సమాచారం భారతదేశము, ఆంధ్రప్రదేశ్ రాష్ట్రము/కేం. ప్రా. శ్రీ పాణ్డ్రీ శ్రీరాములు నెల్లూరు జిల్లా నెల్లూరు మండలము/బ్లాకు మునిసిపల్ కార్పొరేషన్ నెల్లూరు జనన మరణాల రిజిస్టరులోని జననానికి సంబంధించిన అసలు రికార్డు నుండి తీసుకోబడినదని ధృవీకరించడమైనది.

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPAL CORPORATION NELLORE OF TAHSIL/BLOCK NELLORE OF DISTRICT SRI POTTI SRIRAMULU NELLORE OF STATE/UNION TERRITORY OF ANDHRA PRADESH, INDIA

పేరు / NAME:

లింగము / SEX: MALE

EID / EID:

పుట్టిన తేదీ / DATE OF BIRTH:

30-05-2026
THIRTIETH-MAY-TWO THOUSAND TWENTY SIX

పుట్టిన స్థలం / PLACE OF BIRTH:

APOLLO HOSPITAL NELLORE, NELLORE, NELLORE, SRI POTTI SRIRAMULU NELLORE, ANDHRA PRADESH

తల్లి పేరు / NAME OF MOTHER:
JAJULA JAHNAVI

తండ్రి పేరు / NAME OF FATHER:
NIKKUDALA SUDEESH

తల్లి యొక్క ఆధార్ సంఖ్య / AADHAAR NUMBER OF MOTHER:
XXXX-XXXX-9104

తండ్రి యొక్క ఆధార్ సంఖ్య / AADHAAR NUMBER OF FATHER:
XXXX-XXXX-1558

బిడ్డ పుట్టిన సమయంలో తల్లిదండ్రుల చిరునామా / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
DOOR NO 25-02-204, KESAVULU NAGAR, VEDAYAPALEM SPINNING MILLS, NELLORE, NELLORE, SRI POTTI SRIRAMULU NELLORE, ANDHRA PRADESH, 524004

తల్లిదండ్రుల శాశ్వత చిరునామా / PERMANENT ADDRESS OF PARENTS:
DOOR NO 25-02-204, KESAVULU NAGAR, VEDAYAPALEM SPINNING MILLS, NELLORE, NELLORE, SRI POTTI SRIRAMULU NELLORE, ANDHRA PRADESH, 524004

రిజిస్ట్రేషన్ సంఖ్య / REGISTRATION NUMBER:
B202628900540004957

నమోదు తేదీ / DATE OF REGISTRATION:
02-06-2026

రిమార్కులు (ఏదైనా ఉంటే) / REMARKS (IF ANY):
APPROVED

జారీ చేసిన తేదీ / DATE OF ISSUE:
02-06-2026

Updated On: 02-06-2026 11:23:18



"This QR code can be used to check the authenticity of the certificate"

జారీ చేసిన అధికారి సంతకము / SIGNATURE OF ISSUING AUTHORITY:
NELLORE MUNICIPAL CORPORATION Registrar
రిజిస్ట్రార్ (జననం & మరణం)
Registrar (BIRTH & DEATH)
మునిసిపల్ కార్పొరేషన్ నెల్లూరు
MUNICIPAL CORPORATION NELLORE

"ప్రతి జననం మరియు మరణం యొక్క నమోదును నిర్ధారించుకోండి / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



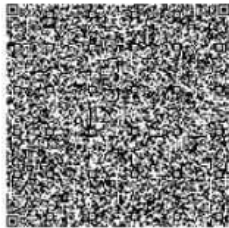
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2824/02050/02894

To
నిక్కదల సుదీష్
Nikkudala Sudeesh
S/O Subramanyam
25-02-204
Kesavulu nagar ,vedayapalem
Spinning mills
Nellore
Nellore
Nellore Andhra Pradesh - 524004
9160013606

Signature Not Verified
Digitally signed by Nikkudala Sudeesh
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
DN: cn=Nikkudala Sudeesh, o=UIDAI, ou=UIDAI, email=nikkudala.s@uidai.gov.in, c=IN



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3044 9138 1558

VID : 9147 6311 9768 7047

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



నిక్కదల సుదీష్
Nikkudala Sudeesh
పుట్టిన తేదీ/DOB: 24/07/1994
పురుషుడు/ MALE

Issue Date: 20/10/2011

3044 9138 1558

VID : 9147 6311 9768 7047

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సురక్షితమైన క్యూఆర్ కోడ్ / ఆఫ్లైన్ ఎక్స్ ఎం ఎల్ / ఆన్లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో చ్రాయబడిన లేఖ.

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ఆధార్ దేశవ్యాప్తంగా చెల్లుబాటు అవుతుంది.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్-ఆధార్ ఆప్ ఉపయోగించండి - మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar** App.

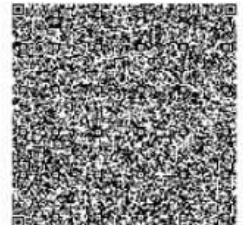


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



విరునామా:
S/O సుబ్రమణ్యం, 25-02-204, కేశవులు నగర్
నెల్లూరు, నెల్లూరు, నెల్లూరు, నెల్లూరు,
ఆంధ్ర ప్రదేశ్ - 524004
Address:
S/O Subramanyam, 25-02-204, Kesavulu
nagar ,vedayapalem, Spinning mills, Nellore,
Nellore, Nellore,
Andhra Pradesh - 524004

Download Date: 02/08/2022



3044 9138 1558

VID : 9147 6311 9768 7047

1947 | help@uidai.gov.in | www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

NIKKUDALA SUDEESH

SUBRAMANYAM NIKKUDALA

24/07/1994

Permanent Account Number

AXBPN8712C

N. Sudeesh
Signature



31102014



← pancard_sudees...

GUC-0002958 IP18-00038143
 Baby Of JAHNAVI
 10-05-2026 0 Y 0 M 24 D (M)
 Dr. GURDHAR B



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name: Mrs Jahnavi . J . Age: _____ Father's Name: _____ Age: _____
 Date of Birth: _____ Date of Admission: _____ UHID No.: _____
 NICU Consultant: D. Anshu Referring Consultant: D. Mohanlal Paji
 Transferring Unit: OT Labour Room ER Ward
 Transported? Yes No - If yes: Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name: [S/o Jahnavi . J] Mother's Blood Group: _____
 Gender: M F Blood Group: O +ve . Birth Weight (gms): 1.4kg . Length (cms): _____
 Date of Birth: 30/5/26 . Time of Birth: 5:00 AM OFC (cms): _____
 Place of Birth: Apollo Hospital - Nelore Estimated Gesth Age: 30wk .

Current Obstetric History: (Booked / Unbooked Case)
 Maternal Age: _____ Ht: _____ Wt: _____ BMI: _____ Married Life: _____ LMP: _____ EDD: _____
 Conception: Spontaneous or with Rx: _____
 Booked at what GA: _____ AN Steroids Drugs / Doses: _____
 Last Scans Details: _____
 TT Immunization and Iron / Folic Acid: _____

MATERNAL RISK FACTORS

| | |
|--|--|
| <p>Age: <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long: _____ H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count): _____ IUGR - when detected: _____ Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus: _____ AFI: _____</p> | <p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values: _____ Compliance with Rx: _____ Scans: LGA, TIFFA, Fetal Echo: _____ H/o Hypothyroidism: when diagnosed? Medication? Any other Chronic Medical Problems, when detected drugs? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection: H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI: when: _____ Any culture: _____</p> |
|--|--|

PPROM: Duration: _____ Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results: _____
 Medication during Pregnancy: _____ Duration: _____

Patient Book

PAST OBSTETRIC HISTORY

| S. No | Age | GA wks | B. W | Gender | Significant | Details |
|-------|-----|--------|------|--------|-------------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

PERINATAL HISTORY

Treating Obstetrician: _____ Hospital: _____

Duration of Labour: _____

First stage (> 18 hours sig) _____

Second stage (> 2 hours after dilation) *Primi* _____

LSOS: Elective Emergency Indication: *Primi NVD*

Specify the reason: _____

Augmentation of Labour: Induced Assisted Vaginal

CTG: Normal Suspicious Pathological

MSL: _____

Resuscitation: Yes No

Cord ABG: _____

Placenta: (weight, surface, No. of cotyledons, calcifications, malformations, clots etc): _____

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

| SIGN | 0 | 1 | 2 |
|-----------------|--------------|---------------------------|--------------------------|
| COLOUR | Blue or Pale | Acrocyanotic | Completely Pink |
| HEART RATE | Absent | < 100 Minutes | > 100 Minutes |
| REFLEXIRABILITY | No Response | Grinace | Cry or Active Withdrawal |
| MUSCLE TONE | Limp | Some Flexion | Active Motion |
| RESPIRATION | Absent | Weak Cry; Hypoventilation | Good, Crying |

Gestational Age: _____ Weeks: _____

| | 1 Minute | 5 Minutes | 10 Minutes |
|-------|----------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | 5 | 7 | |

| Resuscitation | Minutes | | |
|--------------------|---------|---|----|
| | 1 | 5 | 10 |
| Oxygen | | | |
| PPV / NCPAP | | | |
| ETT | | | |
| Chest Compressions | | | |
| Epinephrine | | | |

Comments: _____

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints: _____

Patient S

History of Present

24
admit
deleat
an
Mida
effu
ES a
B/C
kept

→ Histo
of b
acti
man

→ Ba
u

Investigation details

Birth
cried
in n/c

Feeding History:

CBC 22/4

History of Present Illness:

24 day old PT [30 wks] born via NVD - was admitted at Apollo hospital Nellore & c/o poor mentation and decreased oral intake. Baby had an episode of seizure - was managed & Lt. Midazolam and Lt. Levetiracetam. In view of poor respiratory efforts and apnoeas baby was intubated & 3 Siu ET and fixed at 7. CXR done then showed diffuse B/L opacities. Baby was started on Lt. meropenem, kept NPO and started on IVF.

→ History of whitish complaints at day 20 of life, baby admitted & respiratory distress, poor activity and decreased oral intake. Baby was managed & HFNC, IVF & IV Antibiotics. CBA - 11.4 mg/dl.

→ Baby shifted on MV - FiO₂ 30%, 16/6, 40 HR - 127/min, SpO₂ - 100%.

Investigation details in previous Hospital:

Birth history PT 30 wks / Boy 11.4 kg
Cried immediately after birth. Baby was admitted in NICU for Preterm care. Baby was initially on HFNC support, IV antibiotics. Weaned off

Feeding History: to RA by day 3 of life.

CBC 22/6/26 Hb - 11.7
PCV - 35 W - 60
TC - 9.5 < L - 30.
PLT - 236

Any Congenital Anomalies :

Diagnosis : Day 24 of life | PT 30 wht | B.Wt 1.6kg | AAA
? R/o metabolic | ? Sepsis | ? Pneumonia

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : *[Signature]*
Name : D. Shikha
Date & Time : 23/6/26

Consultant :

Signature : *[Signature]*
Name : D. Anshu
Date & Time : 23/6/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :

..... on whose name the patient is being referred.

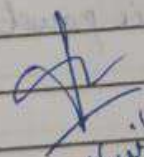
GUC-0092956 IP18-00036143
 Baby Of JAHNAVI
 30-05-2026 0 Y 0 M 24 D (M)
 Dr. GIRIDHAR S

(1)

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|--|
| 24/6/26 | R/S Dr. Shinde. | |
| 3:27pm | Pre-term 30wk / Boy / G. wt: 1.4kg / SGA / ? R/O Metabolic / A/O Septic / ? Pneumonia Day 2 of 33+3 weeks. | |
| | Baby on MV - 35% 19/6/26, 0.35. VHe - 11 CPD - 98%. | Ad wt - 1.876kg. CRe - 172mg/dl |
| | NPO Pla - 66t, BS(P) | |
| | Hc - 144 / w BP - 62 / 28 (4.9) | To do |
| | AS - Activity dull | 1. CBC, CRP, Blood C/S, LFT, RFT, PT / INR / APTT, Ammonia |
| | | 2. CXR. |
| | | 3. Ly - Piptan. |
| |  Dr. Giridhar S (113334) | |



9

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|------------------|---|---|
| 6:40 AM | Baby had desaturation - Bradycardia HR - 43/min SpO ₂ - 56% Bag and tube ventilation initiated Suctioning done - secretions (+). | |
| | HR improved to 147/min SpO ₂ - 100%. | |
| | Dr. Shrivastava (113330) | |
| 23/6/2026 9am | Dr. Giridhar S | |
| | ↓ FiO ₂ to 30% ↓ PIP - 16, PEEP 6 to do LP, Meningoencephalitic panel 12 pm - VBCU, Sr. Sodium | X-ray → 5 → 4 → extubate |
| TE ME | ↓ if lactate > 14, if lactate @ → to start feeds. | 5ml Q2H. |
| | Δ - LOS / Meningoencephalitic if recurrent seizure → MRI brain. | X q feeds. Dr. Parag Jethava (113330) |

Patient Sticker

S/o - Janvi
CWE - 92956 / 36143

3



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------|---|--|
| 23/6/20 11:15 AM | On SIMV - F_{iO_2} - 30% PIP - 15/5 T_c - 0.35 | VR - 40/min |
| | VBG pH - 7.414 p_{wO_2} - 28.8 pO_2 - 61.2 Lactate - 1.57 H_{tO_2} - 18.0 | Hb - 6.82 g/dL B ₂ - 6.6 Na ⁺ - 102 K ⁺ - 5.59 Cl ⁻ - 75.6 Ca ²⁺ - 0.406 |
| | | V. Shingwar 76744 |
| 23/6/20 6:40 PM | S/B Dr. Crinella | |
| | Baby Anuragi, no regular spontaneous breaths | |
| | Plan 1) Inj. caffeine loading dose. 2) to continue SIMV - F_{iO_2} 25% PIP/PEEP - 18/5 VR - 30/min. | |
| | | V. Shingwar 76744 |
| 24/6 10:00 AM | S/R Dr. Crinella | |
| | Feeds 15 → 20 → 22 ml O ₂ feeds | |
| | LP today Sample for meningococcal panel. | |

B/o. Jahnai

Patient Sticker

all-92956 / 36143

5

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|-----------------------|
| 25/6/26 | S/B Dr. Shukla | |
| 8am | Ae-kar 30wks Boy 1.4kg GA 4 R/O Neurocephaliti | |
| | Day -27 PMA - 33 + 5wks. | |
| | Baby on CPAP ^{25%} 5 | T.wt - 1.926 726gms |
| | SPO2 - 100%. | U/O - 1.9 ml/kg/24hr |
| | feed 25ml q2H (max ml/kg/day) | RBS - 91mg/dl |
| | oa feeds | Stool - Passed @ 10am |
| | P/a - wbt, BC ⊕ | |
| | HC - 142/au | D3 by Piptaz |
| | BP - 53/29 (32) | |
| | Activity good | D. Shukla (117330) |
| | | |
| | | |
| | | |
| 25/6/2026 | S/B Dr. Shukla | |
| 10am | Del caffeine | |
| | Trial of CPAP | V. Shukla 767ms |
| | full feeds | |
| | CSF analysis - Respiratory Panel biofire - not detected | |
| | CSF protein - 66 mg/dl | |
| | Culture - 47 mg/dl | |

Cranium - occasional RBC & no organisms seen.

Patient Sticker

B10 - Jamvi
GWE - 92956 / 36143



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known 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: ICU Shifted to:

| 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 | <u>INO. PIPITAZ</u> | <u>187mg</u> | <u>IV</u> | <u>Q12H</u> | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : R. Annapurna 76744 DR. V. Annapurna

Date & Time : 23/6/2026, 10 am

Nurse Name & Signature: Parvathi . R

Date & Time : 23/6/26 @ 10 am.

X-RAY

Patient Sticker

1.2764

Weight Ward

REGULAR PRESCRIPTIONS

DRUG : 103-PIPTAZ

| | | | | |
|--------|-------|-----------|------------|-----------|
| Dose | Route | Frequency | Start Date | Date Time |
| 100 mg | PO | QD | 23/6 | 23/6/2016 |

Name & Signature of the Doctor Starting the Drugs:
 Dr. Sathya (113334)

Additional Instructions:
 @ 100 mg / 14/dose

Daily Doctor's Endorsement by a Sign

DRUG : SYRUP Caffeine

| | | | | |
|--------|-------|-----------|------------|-----------|
| Dose | Route | Frequency | Start Date | Date Time |
| 9.6 mg | PO | OD | 25/6/2016 | 25/6 AM |

Name & Signature of the Doctor Starting the Drugs:
 V. Suresh Kumar

Additional Instructions:
 9.6 mg / 14/dose

Daily Doctor's Endorsement by a Sign

DRUG :

| | | | | |
|------|-------|-----------|------------|-----------|
| Dose | Route | Frequency | Start Date | Date Time |
| | | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

| | | | | |
|------|-------|-----------|------------|-----------|
| Dose | Route | Frequency | Start Date | Date Time |
| | | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign