

7/5
31

PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT

Name of the Hospital : No 157, Anna Salai, Guindy, Chennai - 600 015 Date : 25-06-26

Address :

PATIENT NAME (BLOCK LETTERS) : PRIYA AGE/SEX : FEMALE

IP No : UHID No : Mobile No of Patient : 8838600253

Date of Admission : 21st - JUNE - 2026 Time of Admission :

Date of Discharge : Time of Discharge :

Address of the Patient : NO-229 WEST STREET, MANGULAM, VEPPUR (TK), CUDDALORE (DT) - 60630A

NAME OF THE ATTENDANT : PARAMESHWARAN Relationship with the Patient : HUSBAND

Mobile No. of Attendant : 8892573134 Address : NO-229 WEST STREET, MANGULAM, CUDDALORE (DT)

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: 4051579852

Insurance Company: MEDI ASSIST INSURANCE TPA PRIVATE LIMITED

2) Whether patient opted for Eligible Room Category under Policy:
Yes / No

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

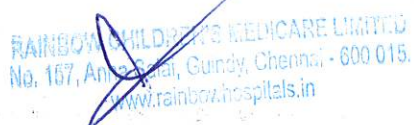
Name of the Additional Facility/ Provision/ Procedure/ Treatment which costs Rs :
(In words:
.....) only.

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 :





The New India Assurance Co. Ltd.

Name: Parameshwaran
 MA-ID: 4050368470
 Employee code: 24334896
 Relation: Self
 DOB: 10 Feb 1990
 Primary Member: Parameshwaran
 Valid Upto: 14 Jul 2026
 Policy Holder: HITACHI ENERGY TECHNOLOGY SERVICES PRIVATE LIMITED (HETSPL)



Signature

Contact number: 1800-419-1163

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters IDCard / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network Hospital list, logon to www.mediassisttpa.in
- Validity of the card is subject to the holder being covered under valid policy of Insurer

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka
 560029.CIN: U85199KA1999PTC025676
 Website: mediassisttpa.in Email: info@mediassist.in

Generated On : 05-05-2026 12:13:45



The New India Assurance Co. Ltd.

Name: Priya
 MA-ID: 4051579852
 Employee code: 24334896
 Relation: Spouse
 DOB: 30 Jan 1994
 Primary Member: Parameshwaran
 Valid Upto: 14 Jul 2026
 Policy Holder: HITACHI ENERGY TECHNOLOGY SERVICES PRIVATE LIMITED (HETSPL)



Signature

Contact number: 1800-419-1163

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters IDCard / PAN Card should be presented at hospitals.
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 Website: mediassisttpa.in Email: info@mediassist.in

Generated On : 05-05-2026 12:13:45



The New India Assurance Co. Ltd.

Name: Pragayazhini
 MA-ID: 4051579853
 Employee code: 24334896
 Relation: Daughter
 DOB: 20 Mar 2019
 Primary Member: Parameshwaran
 Valid Upto: 14 Jul 2026
 Policy Holder: HITACHI ENERGY TECHNOLOGY SERVICES PRIVATE LIMITED (HETSPL)



Signature

Contact number: 1800-419-1163

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters IDCard / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network Hospital list, logon to www.mediassisttpa.in
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இந்திய அரசாங்கம்
Government of India


பரமேஸ்வரன்
Parameshwaran
பிறந்த நாள் / DOB : 10/02/1990
ஆண் / MALE



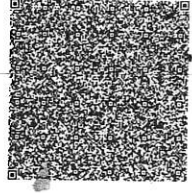
9581 0883 9752

எனது ஆதார், எனது அடையாளம்



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
ஆதார்
Unique Identification Authority of India


முகவரி: கொளஞ்சியப்பன், பழைய எண்
43/2 புதிய எண் 248, மேற்கு தெரு,
மாங்குளம், ரெட்டாக்குறிச்சி,
ரெட்டாக்குறிச்சி, கடலூர், தமிழ் நாடு,
606304


Address: C/O Kolangiappan, Old No 43/2
New No 2/48, West Street, Mangulam,
Rettakurichi, Rettakurichi, Cuddalore, Tamil
Nadu, 606304



9581 0883 9752

 1947

 help@uidai.gov.in

 www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

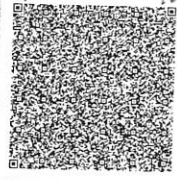
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BFQPP1246F

नाम / Name
PARAMESHWARAN

पिता का नाम / Father's Name
KOLANGIAPPAN

जन्म की तारीख / Date of Birth
10/02/1990


हस्ताक्षर / Signature



In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, UTITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :
आयकर पैन सेवा यूनिट, UTITSL
प्लॉट नं: ३, सेक्टर ११, सी बी डी बेलपुर,
नवी मुंबई-४०० ६१४.

Aaykar Sampark Kendras
For Income Tax Related
Queries call Toll Free Nos.
1961
or
18001801961





இந்திய அரசாங்கம்

Government of India



ஆதார்

Aadhaar no. issued: 17/09/2012



பிரியா

Priya

பிறந்த நாள் / DOB : 30/01/1994

பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியிடலை ஸ்கேன் செய்தல்/ஆஃபலைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

3754 6109 9339

எனது ஆதார், எனது அடையாளம்



இந்திய தனித்துவ அடையாள ஆணையம்

Unique Identification Authority of India

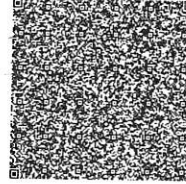


AADHAAR

Details as on 01/08/2025

முகவரி: W/O பரமேஸ்வரன், 249, மேற்கு தெரு, பெருமாள் கோயில் தெரு, மங்குளம், வேப்பூர் வட்டம், மாங்குளம், கடலூர், தமிழ் நாடு, 606304

Address: W/O Parameshwaran, 249, West Street, Perumal Kovil Street, Mangulam, Veppur Talk, Mangulam, PO:Rettakurichi, DIST:Cuddalore, Tamil Nadu, 606304



3754 6109 9339

1947

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C-00048148 IP18-00036175
Mrs PRIYA PARAMESHWARAN
31-1984

GUC-00048148 IP18-00036175
Mrs PRIYA PARAMESHWARAN
30-01-1984 32 Y 4 M 26 D (F)
Dr. PRIYADHARSHINI R M

Patient Sticker



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to PFM well
Admitted for IOL
Obstetric Formula: G4P1L1A2

LMP: Unknown **EDD:** 07/07/2026
Corrected EDD: **GA:** 38+1 weeks

Obstetric History:
I - FIVND, 3.2kg, 7 years. A & H.
II - missed miscarriage - 2024 } MMA
III - missed miscarriage 2025 } taken
PP: OI conception

Menstrual History: Regular: Yes No
Obstetric Examination m/s: 8 years, NCM.
Fundal Height: Term 20/15 sec/10 min

Present Pregnancy Record:
- Booked & immunised.
- NT (N)
- Anomaly scan (N)

Ul. Activity: Relaxed Mild Mod Severe
Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others _____
Head Fifts Palpable: 3/5
FHS: Normal Tachy Brady Absent

RISK FACTORS:
Hypothyroid.
Fetus - UTDA 2 (RT)
OI conception

Per Speculum Examination (→)
Draining: Present Absent Bleeding
Colour of Liquor: Clear Meconium Blood Stained

Height: 164 cm
Weight: 77.6 kg
Allergies: Nil
Breast: Normal Abnormal
General Examination:
Consciousness: full **Pallor:** No
Icterus: No **Edema:** NO
Temp: (N) **PR:** 88/min
BP: 124/74 mmHg **DTR:** (+)
CVS: S1 S2 (+) **RS:** NAD
Liver/Spleen: Slight **Urine Output:** adequate

Vaginal Examination 2 cm
Cervix: Long Partially effaced Effaced
Os: Closed Dilated 2 fingers
Membranes: Present Absent
Liquor: Clear Meconium Blood Stained
Presenting Part: Vertex Breech Others
Sutton: -3 -2 -1 0 +1 +2
Pelvis: Adequate Doubtful

DIAGNOSIS
G4P1L1A2 | Previous vacuum NVD | 38+1 weeks | Fetus UTDA 2 | Hypothyroid
O positive | OI conception | (RT) renal paineclapix
Induction of labour

Patient Sticker

<p>Family History:</p> <p>Both parents - T₂DM</p>	<p>Surgical History:</p> <p>NIL</p>
<p>Medical History:</p> <p>Hypothyroid preconceptually H/O OI + follicular tracking.</p>	<p>Medication History:</p> <p>Tab. THYRONORM 25mcg OD Tab. ECOSPARIN 150mg HS-taken</p>
<p>Plan of Care: I/I Dr. Prayadharshini</p> <p><u>Advice:</u></p> <ul style="list-style-type: none"> - Admission - parts preparation - Secure IV line at 5AM - CTG 841; Next 4am - w/f contractions. * plan: Tab. MISOPROSTOL 50mcg PO STAT at 5AM. - Shift to ward. - w/f T pain abdomen, bleeding, leaking pr. - Inform SOS. 	<p>Investigations:</p> <p>CTG</p>

Doctor Name: Dr. Mohana / Dr. Prayadharshini
 Signature: *[Signature]*
 Date & Time: 24/6/26, 10:45pm

Consultant Name: Dr. Prayadharshini
 Signature: *[Signature]*
 Date & Time: 24/6/26, 10:45pm

Patient name	Mrs. PRIYA	Age/Sex	32 Years / Female
Patient ID	GUC00046148	Visit no	6
Referred by	Dr. Priyadharshini S M	Visit date	16/06/2026
LMP date	Unknown	C-EDD	07/07/2026[37W]

OB - 2/3 Trimester Scan Report

Indication(s)

Growth with Doppler

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Detailed anatomic survey not done due to advanced gestational age.

Case History

Gravida - 4 , Para - 1 , Miscarriage - 2 , Female alive - 1

Maternal

Cervix measured 3.50 cm in length.

Right Uterine	0.7	—●— (55%)
Left Uterine	0.91	—●— (90%)
Mean PI	0.805	—●— (72%)

Fetus

Survey

Presentation - Cephalic

Placenta - Posterior

Liquor - Normal

Amniotic fluid index = 16.8

Fetal activity present

Cardiac activity present

Fetal heart rate - 131 bpm

Biometry(Hadlock)

<p>BPD 92.2 mm 37W 3D (70%ile)</p> <p>5% 50% 95%</p> <p>*</p>	<p>HC 326.86 mm 37W 1D (33%ile)</p> <p>5% 50% 95%</p> <p>*</p>	<p>AC 334.5 mm 37W 2D (67%ile)</p> <p>5% 50% 95%</p> <p>*</p>	<p>FL 72.3 mm 37W (53%ile)</p> <p>5% 50% 95%</p> <p>*</p>	<p>EFW BPD,HC,AC,FL 3160 grams (58%ile)</p> <p>5% 50% 95%</p> <p>*</p>
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Fetal Anatomy

Right renal pelvis measured 14 mm

Left renal pelvis measured 3 mm

Both kidneys imaged in the renal fossa

Right kidney shows renal pelvis dilatation.

Corticomedullary differentiation is maintained.

Rainbow Children's Medicare Limited

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CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in

Patient name	Mrs. PRIYA	Age/Sex	32 Years / Female
Patient ID	GUC00046148	Visit no	6
Referred by	Dr. Priyadharshini S M	Visit date	16/06/2026
LMP date	Unknown	C-EDD	07/07/2026[37W]

Parenchymal thickness is normal.
 There is no dilatation of central or peripheral calyces.
 Left kidney shows no dilatation.
 Corticomedullary differentiation is maintained.
 Parenchymal thickness is normal.
 There is no dilatation of central or peripheral calyces.
 right ureter dilated
 Bladder filling, emptying and bladder wall thickness is normal.

Fetal doppler

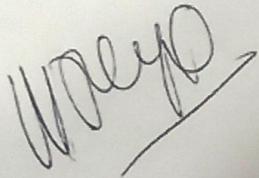
Middle Cerebral Artery PI	2.14	—●— (74%)
Umbilical Artery PI	0.77	—●— (29%)
Cerebroplacental ratio	2.779	—●— (83%)
MCA PSV MOM	PSV : 51.03 MOM : 0.91	

Impression

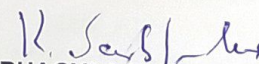
Single intrauterine gestation corresponding to a gestational age of 37 Weeks
 Gestational age assigned as per biometry (CRL) on 28/11/2025
 Corrected EDD 07-07-2026
 Placenta - Posterior
 Presentation - Cephalic
 Liquor - Normal
 Estimated fetal weight according to BPD,HC,AC,FL :- 3160 + / - 316 gms.

UTD A-2 Right

Today's scan shows dilation of right renal pelvis. The right renal pelvis measures 1.4 cm. The left renal pelvis measures 0.3 cm. There is no dilatation of the central and peripheral calyces. Right ureter visualized. This condition may remain static, may regress or may progress in some cases. This will require serial follow up scans to assess fetal KUB and liquor. The neonate will require detailed evaluation post-natally including imaging of the KUB as suggested by pediatric urologist.



DR. DEEPIKA MADHESWARAN MBBS, MS (OBG)
 FELLOWSHIP IN ADV OBGYN USG.



DR SOWBHAGYA LAXMI K MBBS, MS(OBG), DNB(OBG)
 Fellowship in adv laparoscopy and Feto-Maternal medicine