

ANC-00016312 IP28-00004588
 Mrs R. THARAGESWARIE
 10-12-1963 62 Y 6 M 6 D (F)
 Dr. ANURADHA P V

FOR BILLING



Name



UHID No: IP No: 4588 Consultant: Dr. Anuradha Dept: 034

Date of Admission: 16/6/26 Time: 11.16am Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	11.30am	Preop	201	<u>[Signature]</u>
16/6/26	3pm	2nd floor	meropast	<u>[Signature]</u>
16/6/26	3:50 PM	meropast	OT-2	<u>[Signature]</u>
16/6/26	4:45 PM	OT-2	POST-OP	<u>[Signature]</u>

CROSS CONSULTATION VISIT

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/6	ECG	①	4468	[Signature]
16/6	Preanesthesia	①	150666	[Signature]
16/6	IV placement	①	150665	[Signature]
16/6/26	X-ray chest	①	4443	[Signature]

ANY OTHER INFORMATION:

Tri: Fentanyl 1 amp. Rs. 48/- used in OT

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Date: Time: Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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SURGERY DETAILS

Date : 16/06/26
 Patient Name: Mrs. R. Tharageswarie Date of Birth: 10/12/1963 Age: 62Y
 Gender: Female Ward: Post-OP UHID No.: 16312/4588
 Date of Surgery: 16/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery : Fractional Curettage

Time in : 4:00 PM

Time Out : 4:45 PM

	NAME	AMOUNT
1. Surgeon	DR. Anuradha	
2. Anaesthetist	DR. Kartiga / Dr. Mahalaxmi	
3. Assistant Surgeon		
4. OT Technician	Mr. Rishi / Mr. Sumith Ashik / Mr. Abi	
5. Circulating Nurse	Mr. Kousick	
6. Assistant Nurse	Ms. Purnima	

- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:

ANC-00016312 IP28-00004588
 Mrs R. THARAGESWARIE (F)
 10-12-1963 62 Y 6 M 6 D
 Dr. ANURADHA P V



CONSUMABLES OF OT

Circulating staff : MR. KOLUJUA Technician : Renu Kumith / Abz Date : 16/06/2020 Time : 4:00 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Hystero</u>		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : <u>A/P/N</u> ✓		03	<u>T.S.C</u>		01	Suction Catheter		
HME filter : A/P/N			<u>6-8F P.F</u>		01	Feeding Tube		
Syringes : 10 cc ✓		01	<u>6 1/2 P.F</u>		01	Vaccum Suction Set		
05 cc ✓		01	Gloves			Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set ✓		01	NG tube			Koochies (S)		
RL ✓		02	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>FOONL NS</u>		01
			Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack ✓ <u>L</u>		02			
Ketamine			Mop Pack					
Propofol ✓		01	Steristrip					
Rocuronium			Underpad ✓		01			
Glycopyrolate ✓		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet ✓		01			
Tab. Misoprost : 200mg			Betadine Solution ✓		01			
<u>Arway 3 size</u>		01	Microshield					
			Cotton Balls					
			Latex Gloves <u>10 pair</u>					
			Ramdione Scrub					
			Saral					

Surgeon _____ Anaesthesiologist _____ Nurse _____
 Order No. : _____ Ordered by : _____
 Doc. No. : RCH / FRM / GENERAL / 125

C. Githa
 OT Technician



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

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



INPATIENT ISSUES AGAINST ORDERS

IP No IP28-00004588
Patient Name Mrs R. THARAGESWARIE
Age/Sex 62 Y 6 M 6 D / Female
Date 16/06/2026 16:59
Payor SELFPAY
UHID ANC-00016312

Ward 2F-DELUXE
Bed Name DLX 201
Order No 28-0000150790
Prescription No PRIP28-0070888
Dispensed Date 16/06/2026 17:00

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AIRWAY- 3 90 MM	ROMSONS	GENERAL	020250811	08/28	1	234.00	234.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	1	21.83	21.83
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
4	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
5	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
6	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
7	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254183	03/29	1	15.37	15.37
8	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	2	60.74	121.48
Total :							979.94	1,105.36

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

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DL NO :

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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004588	Ward	2F-DELUXE
Patient Name	Mrs R. THARAGESWARIE	Bed Name	DLX 201
Age/Sex	62 Y 6 M 6 D / Female	Order No	28-0000150789
Date	16/06/2026 16:59	Prescription No	PRIP28-0070887
Payor	SELFPAAY	Dispensed Date	16/06/2026 17:00
UHID	ANC-00016312		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		PARCH1010526	04/29	1	100.00	100.00
2	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
3	HYSTEROSCOPY PACK	Amaryllis		HPRCH1010626	05/29	1	1,255.00	1,255.00
4	POVINANZ SOLUTION 10% 100 ML		H	N01060177	02/28	1	100.31	100.31
5	SGLOVE # 6.5 (POWDER FREE)	ANSEL		2603019005	03/29	1	128.00	128.00
6	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
8	UNDERPADS CARE 60 X 90 (FRIENDS)			G26A010694	12/40	1	205.00	205.00
Total :							2,112.31	2,217.31

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies *Nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
16/6/26	9 ³⁰ AM	A new patient admitted for Susceptin C/O. post menopausal bleedng since last week. Under Dr. Anuradha today packed for fractional curettage. vital signs are checked. Bp: 144/72 mmHg. Pulse: 88/min. Patient is stable. Explained NPO.
		Local preparation done. ———— <i>[Signature]</i>
	11 ⁰⁰ AM	patient shifted to 2nd floor ———— <i>[Signature]</i>
	12 ¹⁵ PM	S/O. Dr. Anuradha ———— <i>[Signature]</i>
	12 ⁴⁵ PM	Inj. T-T 1/2 cc Im given ———— <i>[Signature]</i>
	2 PM	IV line started 22y ventilation by Dr. Kasturba. Inj. M 10 IV connected 100ml/hr on flow ———— <i>[Signature]</i>
	2 ³⁰ PM	Inj. Supacet 1ml ID given in left fore arm. ———— <i>[Signature]</i>
	2 ⁴⁵ PM	Reattachment was done. No allergic reaction.
		Inj. Supacet 10 5 given IV given ———— <i>[Signature]</i>
	3 PM	Inj. Pan 40mg IM ———— <i>[Signature]</i>
		Inj. Emeset 4mg IV / given ———— <i>[Signature]</i>
	to 3 PM	Patient shifted to OT-2
		banding over given to OT staff ———— <i>[Signature]</i>
		patient voided.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

