

Syavanthi
9154865024

Dr. Rajani Kumar



ESTIMATION SLIP

Date : 11/4/26 UHID / IP No. : BAH-00550209 SI No. 1408
 Name of Patient : Mrs Nitya Chavali Age: 29 yr Gender: F
 Father's / Husband's Name : Mr. Prashant Corporate / Occupation : _____
 Address : Suchitde Phone : 8179362782 Email : 9000117300
 Procedure / Plan : ND/1/SES EDD/Dos: June-26
 MODE OF PAYMENT : SELF TPA : _____ GIPSA : _____ OTHER _____

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room →	1,25,000/-	1,40,000/-
Super Deluxe Room →	1,45,000/-	1,55,000/-
Suite Room →		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : <u>2 Days</u>	Length of Stay for : <u>3 Days</u>
	Pharmacy up to <u>9,000/-</u>	Pharmacy up to <u>12,000/-</u>
	Investigations up to <u>2,500/-</u>	Investigations up to <u>3,000/-</u>
Others	<u>Ward baby care</u>	<u>25/- to 35/-</u>

Neonatologist Charges : Covered Not Covered Epidural / Entonox : Covered Not Covered

Initial Minimum Deposit : 80% Advance time of Admission

- REMARKS : Vaccination Neonatal + SBR + B16
- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - 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 at later stage.
 - Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
 - In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
 - For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.
 - Difference if any between the final bill amount and amount permitted/approved by 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.
 - Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
 - Tariffs are subject to revision
 - Kindly check your billing status on day to day basis at IP Billing Department.
 - Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I _____ 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 I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client: [Signature] Signatory Relationship: Husband Signature of the financial Counselor: [Signature]

BAH-00550709 IP26-00006547
Mrs NITYA CHENNURI
02-12-1996 29 Y 6 M 7 D (F)
Dr. RAJANI KUMARI



SURGERY DETAILS

Date : 09-06-26

Patient Name: Mrs. Nitya Chennuri Date of Birth: 02-12-1996 Age: 29 Yrs

Gender: Female Ward : OT UHID No: BAH-00550709

Date of Surgery: 09-06-26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective LSCS ~~Emergency~~

Time in : 1:15 pm

Time Out : 2:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. Rajani Kumari	
2. Anaesthetist	Dr. Samir, Dr. Ayesha	
3. Assistant Surgeon	Dr. Smathi, Dr. Manisha	
4. OT Technician	Sr. Saraswathi	
5. Circulating Nurse	Sr. Archana Pujja	
6. Assistant Nurse	Sr. Archana	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000205002

Order by: Sandhya 9/6/26 @ 3pm
(on record saved)

BAH-00550709 IP26-00006547
 Mrs NITYA CHENNURI
 02-12-1996 29 Y 6 M 7 D (F)
 Dr. RAJANI KUMARI

BR-NSC

Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating Staff: Puja Technician: Jayawalli Date: 9/6/26 Time: _____

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>dscs</u>		<u>01</u>	Inj Vit.K		<u>01</u>
LMA			Sutures <u>2346, 2762</u>	<u>2</u>	<u>1</u>	Cord Clamp		<u>01</u>
ECG leads: (A) P/N		<u>03</u>				Suction Catheter		<u>01</u>
HME filter: A/P/N		<u>03</u>				Feeding Tube <u>6no</u>		<u>01</u>
Syringes: 10 cc		<u>03</u>				Vaccum Suction Set		<u>01</u>
05 cc		<u>03</u>	Gloves <u>S.G 6, 6 1/2</u>	<u>1</u>	<u>3</u>	Surgical Gloves <u>6/2</u>		<u>02</u>
02 cc		<u>03</u>	<u>Endo 6 1/2, 6</u>	<u>1</u>	<u>1</u>	Gauze Pack <u>7.5</u>		<u>01</u>
01 cc		<u>01</u>				Syringe 1ml/2ml		<u>02</u>
Cautery plate: (A) P/N		<u>01</u>	Surgical blade <u>22, 15</u>	<u>1</u>	<u>1</u>	Surgical Blade # 20		<u>01</u>
IV set			NG tube			Koochies (S)		<u>01</u>
RL		<u>02</u>	Cautery pencil		<u>01</u>			
NS: 10ml/100ml/500ml/1000ml			Koochies <u>XXL</u>		<u>01</u>			<u>26-0000205605/5606</u>
<u>oxytocin</u>		<u>03</u>	Ointments					
			Suction Catheter					
Fentanyl		<u>01</u>	Cap, Mask		<u>10</u>			<u>10</u>
Morphine			Gauze Pack <u>7.5cm</u>		<u>2</u>			<u>2</u>
Ketamine			Mop Pack		<u>2</u>			<u>2</u>
Propofol <u>Atropine</u>		<u>01</u>	Steristrip					
Recuronium <u>Adrenaline</u>		<u>01</u>	Underpad		<u>2</u>			<u>2</u>
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		<u>1</u>			<u>1</u>
Ondansetron			Foleys catheter					
<u>279</u> Pencan 25g/ Spinal Needle 22		<u>01</u>	Urobag					
Bupivacaine 0.25%		<u>01</u>	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>01</u>	Romodrain bag					
Antibiotics			Bandage					
<u>encore glove 6.5, 7.0</u>		<u>1</u>	Tegaderm					
Suppositories			loban					
Anamol: 80mg/250mg/170mg			Double J Stent					
Supridol: 100mg		<u>01</u>	Vaccum Suction set		<u>01</u>			<u>01</u>
Justin: 12.5 mg/25mg/100mg		<u>01</u>	Plastic Bed Sheet <u>Aprons</u>		<u>01</u>			<u>01</u>
Tab. Misoprost: 200mg		<u>01</u>	Betadine Solution		<u>2</u>			<u>2</u>
<u>Gum 7.5 x 7.5</u>		<u>01</u>	Microshield		<u>2</u>			<u>2</u>
			Cotton Balls		<u>1</u>			<u>1</u>
			Latex Gloves		<u>20</u>			<u>20</u>
			Ramdione Scrub					
			Saral					

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____

Order No.: 26-0000205599/598 Ordered by: Sandhya 9/6/26 @ 3pm

Doc. No.: RCH / FRM / GENERAL / 125



ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00550709 Name : Mrs NITYA CHENNURI
 Age / Sex : 29 Y 6 M 7 D / Female Doctor : RAJANI KUMARI
 Adm/Reg Date/Time : 09/06/2026 09:58 Payor : SELFPAY
 Order Date : 09/06/2026 14:40 Ordernumber : 26-0000205599
 Visit ID : IP26-00006547 Ward/Bed No : 4F -OT / PDA-414
 Patient Address : NIZAMABAD, Nizamabad, Nizamabad, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	CAUTERY PENCIL (ADVANCE)	CAUTERY PENCIL (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
5	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
6	SURGICAL BLADE 15	SURGICAL BLADE 15	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
9	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	ENCORE MICROPTIC GLOVES-8 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	BUPIVACAINE HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
13	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
14	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
15	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
17	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
19	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
20	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
22	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
24	ADULT DIAPERS-XXL		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
25	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL 60% 500	1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
26	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	VICRYL 2-0 NW 2762	VICRYL 2-0 NW 2762	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

RAJANI KUMARI

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.



ELECTRONIC MEDICINE PRESCRIPTION

MRN : BAH-00550709 Name : Mrs NITYA CHENNURI
Age / Sex : 29 Y 6 M 7 D / Female Doctor : RAJANI KUMARI
Adm/Reg Date/Time : 09/06/2026 09:58 Payor : SELFPAY
Order Date : 09/06/2026 14:40 Ordernumber : 26-0000205598
Visit ID : IP26-00006547 Ward/Bed No : 4F -OT / PDA-414
Patient Address : NIZAMABAD, Nizamabad, Nizamabad, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
2	POVINANZ SOLUTION 10% 100 ML.		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
4	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		10 Nos	Dispensed
6	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
10	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
11	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed

RAJANI KUMARI

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Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,
Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015895 Name : Baby Of NITYA CHENNURI
 Age / Sex : 0 Y 0 M 0 D 2 H / Male Doctor : DILNAAZ FAROOQUI
 Adm. Reg Date/Time : 09/06/2026 14:44 Payor : SELFPAY
 Order Date : 09/06/2026 15:20 Ordernumber : 26-0000205605
 Visit ID : IP26-00006548 Ward/Bed No : 4F -OT / CRDL-HNPDA-414-1
 Patient Address : NIZAMABAD, Nizamabad, Nizamabad, Telangana, INDIA, 110005

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	EASYCLOT-K1 1MG INJ 0.5 ML		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
6	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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Printed Date/Time : 09/06/2026 15:55

Printed By : SUNKARI SANGEETHA

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