

DEPARTMENT OF OBG
DISCHARGE SUMMARY

I23000003710-1

NAME	: MRS POONAM JHA	HOSPITAL NO	: MH011754231
Age/Sex	: 41 Yrs / Female	IP NO	: I23000003710
Admission Date	: 14/03/2024	Medical Discharge Date	:
Consultant	: Dr. Mukti Paithankar	Department	: OBG
PayorName	:	Ward/Bed	: FIRST FLOOR W WING MPD/105_2

TREATING CLINICIANS

DR. MUKTI PAITHANKAR

DIAGNOSIS

Provisional Diagnosis :
AUB

CHIEF COMPLAINTS

41 YR OLD WITH HYPOTHYROIDISM WITH C/O HEAVY BLEEDING

HISTORY OF CURRENT ILLNESS

41 YRS OLD FEMALE WITH AUB (heavy cycle)
Imp - 4 /2/24

PAST HISTORY

hypothyroid since 6 years

GENERAL PHYSICAL EXAMINATION

Pallor : YES
Icterus : NO
Edema : NO
Clubbing : NO
Cyanosis : NO
Lymphadenopathy : NO

PHYSICAL EXAMINATION

WNL

LABORATORY INVESTIGATIONS

ATTACHED

RADIOLOGY INVESTIGATIONS

ATTACHED

OTHER INVESTIGATIONS REPORT

ATTACHED

SURGICAL/THERAPEUTIC PROCEDURES

LAPAROSCOPIC TOTAL HYSTERECTOMY (TLH) done on 15/03/2024 by Dr. Mukti Paithankar

Salpingectomy/Salpingoophorectomy Bilateral Laparoscopic done on 15/03/2024 by Dr. Mukti Paithankar

Procedure : GA given , lithotomy given , pneumoperitoneum created with veresee needle , 1 10 mm and 2 5

Sex	: MRS POONAM JHA	HOSPITAL NO	: MH011754231
Age	: 41 Yrs / Female	IP NO	: I23000003710
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Consultant	: Dr. Mukti Paithankar	Department	: OBG
Payor Name	:	Ward/Bed	: FIRST FLOOR W WING MPD/105_2

mm trochar inserted . hysterectomy done with bilateral salhingo ophorectomy
haemostasis achieved
mob count and instrument count taken
vault closed with vicryl 1 .0
roller packing done

COURSE OF TREATMENT IN HOSPITAL

PATIENT WAS ADMITTED AND UNDERWENT SURGERY ON 15/03/24. POST OP PERIOD UNEVENTFUL.
PATIENT DISCHARGED IN STABLE CONDITION

Condition At Discharge

STABLE

DISCHARGE ADVICE

TAB CEFTUM 500MG 1 TAB TWICE DAILY FOR 5 DAYS
TAB PANTOPRAZOLE 40 MG 1 TAB ONCE DAILY FOR 5 DAYS
CAPSULE VIZYLAC 1 TAB ONCE DIALY X 7 DAYS
TAB MEFTAL FORTE 1 TAB THRICE DAILY FOR 5 DAYS
TAB THYRONORM 125MCG 1 TAB ONCE DAILY
DRESSING CHANGED
LOZENGE ALEX 1 SOS

AVOID HEAVY WEIGHT BEARING
FULL DIET
PLENTY OF ORAL FLUIDS
ABSTINENCE FOR 4 WEEKS
COLLECT REPORT OF HISTOPATH AFTER 10 DAYS

FOLLOW UP ADVICE ON DISCHARGE

F/U WITH DR MUKTI AFTER 1 WEEK

Collect HPE

WHEN TO OBTAIN URGENT CARE

Please report to hospital if you have shortness of breath, chest pain, fever, vomiting, loose stools, hematuria, bleeding, giddiness.

Dr. Mukti Paithankar

Department of OBG

Seek medical help if:

- The initial symptoms get aggravated
- Any new symptoms (like breathlessness , bleeding etc) is causing concern

For booking an appointment, call on 01246165666 / 01244169950 .

For any Medical Emergency Dial 01246165666 / 01244169950.

Cashless Authorization letter

(Part-D)

Claim Number: UN-9-122026 (please quote this number for all further correspondence)

Dated 17/03/2024

Authorization is valid for admission up to 17/03/2024

MANIPAL HOSPITAL GURGAON

Address :

BLOCK F SECTOR 23 PALAM VIHAR, NEAR GOL
CHAKKAR, GURGAON, HARYANA, 122017

Rohini Id. 8900080014855

Name of Insurance company	: UNITED INDIA INSURANCE CO LTD
Name of TPA	: Genins India Insurance TPA Ltd.
Proposer name	: ETHOS HR MANAGEMENT & PROJECTS PRIVATE LIMITED CONTRACTOR OF BISAG-N
Patient's member	: POONAM JHA
ID/TPA/Insure ID of the patient	: GIUN0931347638
Relation with proposer	: MOTHER

Dear Sir/Madam,

This has reference to the pre-authorization request submitted on 09/03/2024 we hereby authorize cashless facility as per details mentioned below:

Patient Name	: POONAM JHA	Age : 41	Gender : F
Policy number	: 060700/28/23/P1/11006748	Expected date of admission	: 13-03-2024
Policy period	: 08/11/2023 To 07/11/2024	Expected date of Discharge	: 17-03-2024
Room category	: General Ward	Estimated length of stay	: 4
Category as per T&C of the policy contract	: General Ward	Proposed line of treatment	: TLH+BSO
Provisional diagnosis	: FIBROID BULKY UTERUS		

Authorization details :-

Date & Time	Reference number	Amount	Status
09/03/2024 20:27:00	Initial-1	70000	Authorized
17/03/2024 12:08:31	Final-1	80000	Authorized
17/03/2024 12:09:04	Final-2	80000	Authorized

Total Authorized Amount-Rs 80000 (In words) Eighty Thousand Rupees

Authorization Remarks :

Please raise the bill in the name of :

Name : UNITED INDIA INSURANCE CO LTD
GSTIN : 24AAACU5552C3ZN

Hospital Agreed Tariff :

1. Package case

Agreed package Rate 0.00



SWASTIK MATERNITY & MEDICAL CENTRE



NABH PRE ACCREDITED PESHCO-2018-2867

AN ISO 9001: 2015 CERTIFIED HOSPITAL

78 H, Vijay Park, Near Laxmi Bazar, Main Madan Puri Road, Gurgaon. Ph. : 0124-2301551-52

e-mail : swastikhospital@gmail.com, Website : www.swastikmaternity.com

For Emergency Call - 8178369551

TIMINGS :

Morning : 10 A.M. to 1 P.M.

Evening :

OPD only on Mon, Wed, Sat. 6 P.M. TO 8 P.M.

Sunday (By Appointment only)

RECEPTION SWASTIK

Mob.: 93105 75621

Dr. Saroj Kumar

M.B.B.S. (O & G), FIMAS, CIMP
Consultant Gynaecologist
Laparoscopic Surgeon
Infertility Specialist
HN 3071

Elhami - 425

Seq.No. 10

UHD No. SMMC20/04320
Patient Name Mrs POONAM JHA
Age / Sex 42 Years -3 Months 7 Female
Husband MOHAN JHA
Consultant Dr. SAROJ KUMAR
Department GYNAECOLOGY
Provisional Diagnosis

Visit Date 24-02-2024 11:31 AM
Address 2774 LAXMAN VIHAR GGN
Mobile No. 9873138504
Valid Up to 28/02/2024

Payment Mode Cash Receipt No. R21/2343121 Amount 600.00

PHYSICAL EXAMINATION

Temp _____ Pulse _____
R/R _____ SpO2 _____

BP 120/80

0 - 10 Numeric Pain Intensity Scale

0 1 2 3 4 5 6 7 8 9 10
No Pain Moderate Pain Possible Pain Worst

Chief Complaints & Present Illness

*40- Excessive periods
weakness
PIA - under soft*

Past History

*TSH - 0.15
TUE - 29.70*

Allergies

Treatment / Prescription

Hb - 7.5

*HbA1c - 5.2
HSD - 90-90*

Investigation

*PBA →
moderate anisopoikilocytosis
Tea dark cells*

Screening for Nutritional Needs

Adh

HPLC

*Tab Bandy plus D
cyclicare
Ly Dephona 100
1 m. stat*

*Mirona intake
tab Elhami 125 mg 10*

Govt. Approved MTP & Laparotomy Centre (24 Hrs. Gynae, Obs. & Eye Emergency)

Ante Natal Checkup, Normal & Instrumental Delivery, Painless Delivery, Caesarean Section, Laparoscopic Surgeries, Diagnostic & Hysteroscopic Surgery, Gynae Operations, Infertility Consultation, Nursery, LED / CFL Phototherapy, Vaccination, Ultra Sonography, Eye Checkup and Operations, Cataract - Surgery with Lens Implant

MEDICLAIM CASHLESS FACILITY

Hb - 7.9



बेटी बचाओ

बेटी पढ़ाओ



USG

CL 102 400 100
1 month
- -
- Dy Redulid PEM
500mg IV Ast.
in 2hr saline in
20min

PSH-24 To con aph 7 dy
Dy Merob 1 up 1M
500 (5)
Ast.

USG for
ET 4

ultra and
abundances



2/3/24

→ Dy

Redulid PEM
500mg IV Ast.
250ml saline in
20min

→ Dy Merob 1 of 1M
Sent CST

02/3/24 - 140 paid
for from Dy

Submucosal fibroid
5 R 1 U hgc apb

dj.



OUTPATIENT RECORD

Hospital No: MH011754231	Visit No: 023000045286
Name: MRS POONAM JHA	Age/Sex: 41 Yrs/Female
Doctor Name: DR. MUKTI PAITHANKAR	Specialty: OBG MPD
Date: 06/03/2024 02:39PM	

BP Systolic: 120 mmHg	BP Diastolic: 70 mmHg	Pulse Rate: 113beats per minute
Saturation(Oxygen): 100%	Respiration: 20breaths per minute	Weight : 54.1kg
Pain Score: 00	Mean Arterial Pressure-MAP: 87 mmHg	MEWS Total: 3points

Planning Notes :

Imp - 4 /2/24

c/o heavy cycle

p3l3lcb - 17 years

all fnd a/w

no tl

ph- hypothyroid since 6 years

allergic - nil

m/h- 6-7 days / 30 days/ a/w

allergic - nil

pa soft nt

pv uterus bulky

c/o 8 weeks

b/l fornices free

adv

admission for blood tranfusion and pac fitness

plan - tlh +/- bso

usg pelvis

Dr. Mukti Paithankar

SWASTIK MATERNITY & MEDICAL CENTRE
78 - H, VIJAY PARK, NEAR LAXMI BAZAR, GURUGRAM, HARYANA- 122001.
PH: 0124-2301551, 2301552.

OPD Receipt (Cash)

Receipt No.	R21/2343121	Date	24/02/2024 11:31 AM
Reg.No.	SMMC20/04320	Sex	Female
Patient Name	Mrs POONAM JHA	Age	42 Years -3 Months 7 Days
Address	2774 LAXMAN VIHAR GGN	Guardian Name	MOHAN JHA
Sponsor		Mobile	9873138504

Consultant Doctor	Department	Consultancy Charges
Dr. SAROJ KUMAR ()	GYNAECOLOGY	600.00

Payment Details

Cash	0
Cheque	0.00
Credit/Debit Card	600.00 4430

Discount 0.00

Total Charges 600.00

Amount in words (Rupees six hundred only)

Software Developed by Gensis Software Systems 9811057968

Print Dt & Tm

24/02/2024 11:43:53



SWASTIK MATERNITY & MEDICAL CENTRE

78 - H, VIJAY PARK, NEAR LAXMI BAZAR, GURUGRAM, HARYANA - 122001.


PH: 0124-2301551, 2301552.

OPD Bill

Bill No.	OB21//2405293	Bill Date	02/03/2024 12:37 PM
Patient Name	POONAM JHA	UHID	SMMC20/04320
Age/Sex	42 Years -3 MonthsFemale	Contact No.	9873138504
Address	2774 LAXMAN VIHAR GGN	Referred By	Dr. DR SAROJ KUMAR
sponsor	CASH PATIENT	Employee No	

Particulars of Services provided	Charges	Nos	Amount	Disc	Net Amount
DAY CARE CHARGES					
IROZORB	300.00	1	300.00	0.00	300.00

Payment Details			Total Bill Amount (Rs.)		300.00
Cash	0.00		Amount Received (Rs.)		0.00
Cheque	0.00		Discount		0.00
Debit/Credit Card	300.00	7004	Special Discount		0.00
Paytm/upi/gpay	0.00	BHIM UPI	GST Amount		0.00
Refund			Net Amount (Rs.)		300.00
			Paid Amount		300.00
			Due Amt to be Paid		0.00
In words (Rupees three hundred only)					
Doc Type	Doc No	Doc Dt.	Amount	Discount	Net Amt.
Receipt	R21/2343353	2024-03-02	300.00	0.00	300.00







UNIQUE

DIAGNOSTICS
& RESEARCH CENTRE

274/1, Adarsh Nagar, New Railway Road, Gurgaon, 122 001 HARYANA
Tel. : 9999241211

Bill No. **5366**

Date **2/3/2024**

Received with thanks a sum of Rs. **1200/-** (Rupees **one Thousand**)

From Mr / Mrs **Poonam Jha 42H** **Two Hundred only**

Address **Dr Saroj Kumar** Contact No.

on account of **US\$ Lower Abil**

Cash/Cheque/Draft No. Dt. Drawn on.

UNIQUE DIAGNOSTICS
& RESEARCH CENTRE

(Auth. Signatory)

TAX INVOICE

NEW SWASTIK CHEMIST SHOP

78-II BASEMENT VIJAY PARK GURUGRAM HARYANA
Phone : 8950966785

D.L.No.: 1496B GGN / 1496OB GGN

GST No: 06AAHPK9651L1Z8

PATIENT NAME : POONAM JHA
PATIENT ADDRESS :
PRESCRIBED BY : Dr. SAROJ KUMAR

Invoice No. : 2129
Date : 02/03/24

S.N	QTY	PACK	PRODUCT NAME	MFG	HSN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
1.	1	1*10ML	REDULID FCM 500 MG INJ	TORRENT	30045020	12.00	YIFE2301K	08/25	1799.00	1799.00
2.	1	500ML	NS 500 BIOS	BIOS	30049099	12.00	NSF23601	10/25	39.04	39.04
3.	1	10ML	DISPOVAN 10ML	HMD	90183100	12.00	343101JD1	09/28	12.10	12.10
4.	1	1X1	IV SET	ROMSONS	9018	12.00	G230820824	07/28	180.00	180.00
5.	1	1X1	INTRA CATH - 2 NO 18	ROMSONS	9018	12.00	G21092428	08/26	163.00	163.00
6.	1	1X1	CANNULA FIXER	APEX	9018	12.00	CF205	10/26	75.00	75.00
7.	1	1ML	MECOB INJ	NECTAR	30045034	12.00	L2309/7	02/25	65.00	65.00

Inclusive GST Details				
			GROSS AMT : 2333.14	
			DISC. AMT : 133.00	
			Net Amt.(R/0) : 2200.00	
Taxable GST% GST Value			Total Items : 7	
0.00 X @ 28% = 0.00			Rupees: Two Thousand Two Hundred Only	
0.00 X @ 18% = 0.00			All disputes are subject to Gurugram Jurisdiction.	
2083.16 X @ 12% = 235.70			Goods once sold will not be taken back.	
0.00 X @ 5% = 0.00			For NEW SWASTIK CHEMIST SHOP	
0.00 X @ 0% = 0.00			(Computer Generated Invoice)	
Incl SGST : 117.85, CGST : 117.85				



MODERN[®]

Diagnostic & Research Centre

Address: 363-364/4 Jawahar Nagar, New Railway Road, Gurugram-122001
Email: info@mdrcindia.com | Website: www.mdrcindia.com
Tel: +91-124-6712000



BILL/RECEIPT

Original

Name Mrs. POONAM JHA
Age/Gender 42 Y 0 M 0 D /Female
Contact No. 9873138505
Address Jawahar Nagar, Gurgaon
UHID AGUR.0000215947
Panel Name STANDARD - GURGAON

Bill DGURB/23-24/00066491
Visit/Reg. Date 06-Mar-2024 04:15PM
Referred By Dr. SAROJ KUMAR
Visit No. MGUR244362
Home Collection No
PRO
INSTITUTOR

#	Test Code	Test Name	Barcode No.	Token No.	Rate	Discount	Total
1	4116	ULTRA SOUND LOWER ABDOMEN(4116)	10949256	17	1600.00	0.00	1600.00

Settlement	Payment	Receipt No.	Mode	Currency	Amount	TransactionID	Received By
Settlement	06-03-2024	DGURR/23-24/00048337	Credit Card	INR	1600.00	000	SANGEETA YADAV (CCG)

Bill Amount : 1600.00
Total Discount : 0.00
Net Bill Amount : 1600.00
Total Paid Amount : 1600.00

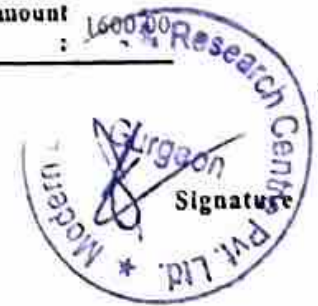
Received with thanks : One Thousand Six Hundred

For Online Report: ID: MGUR244362

Password: 4E99PT

Online Patient reports available for 7 days.

Timings : Apr-Oct 8am - 8pm, Nov-March 8.30am - 7.30pm | Sunday 8am-1pm



TAX INVOICE

NEW SWASTIK CHEMIST SHOP

78-II BASEMENT VIJAY PARK GURUGRAM HARYANA

GST No: 06AAHPK9651L1Z8

Phone : 8950966785

D.L.No.: 1496B GGN / 1496OB GGN

PATIENT NAME : **POONAM JHA**

Invoice No. : **2074**

PATIENT ADDRESS :

Date : **24/02/24**

PRESCRIBED BY : **Dr. SAROJ KUMAR**

S.N	QTY	PACK	PRODUCT NAME	MFG	IISN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
1.	1	1	BANDY PLUS	MANKIND	3004	12.00	A8AGW033	10/25	27.99	27.99
2.	1	1ML	DEPO PROVERA 150	PFIZER	30066010	0.00	HR6906	10/27	406.94	406.94
3.	30	1*10	CLK2 TAB	GNOSIS P	30049099	12.00	GT300830	02/25	23.50	705.00
4.	1	1*10ML	REDULID FCM 500 MG INJ	TORRENT	30045020	12.00	YIFE2301K	08/25	1799.00	1799.00
5.	1	1X1	IV SET	ROMSONS	9018	12.00	G230820824	07/28	180.00	180.00
6.	1	1X1	INTRA CATH - 2 NO 18	ROMSONS	9018	12.00	G21092428	08/26	163.00	163.00
7.	1	1X1	CANNULA FIXER	APEX	9018	12.00	CF205	10/26	75.00	75.00
8.	1	500ML	NS 500 BIOS	BIOS	30049099	12.00	NSF23601	10/25	39.04	39.04
9.	1	10ML	DISPOVAN 10ML	HMD	90183100	12.00	343101JD1	09/28	12.10	12.10

Inclusive GST Details

		GROSS AMT : 3408.07	
		DISC. AMT : 170.40	
		Net Amt.(R/O) : 3238.00	
Taxable GST% GST Value		Total Items : 9	
0.00 X @ 28% = 0.00		Rupees: Three Thousand Two Hundred Thirty Eight Only	
0.00 X @ 18% = 0.00			
2679.58 X @ 12% = 305.50			
0.00 X @ 5% = 0.00			
406.94 X @ 0% = 0.00			
Ind. SGST : 152.75, CGST : 152.75		All disputes are subject to Gurugram Jurisdiction. Goods once sold will not be taken back.	
		For NEW SWASTIK CHEMIST SHOP	
		(Computer Generated Invoice)	

(Computer Generated Invoice)

For NEW SWASTIK CHEMIST SHOP

NEW SWASTIK CHEMIST SHOP

SWASTIK MATERNITY & MEDICAL CENTRE
78 - H, VIJAY PARK, NEAR LAXMI BAZAR, GURUGRAM, HARYANA - 122001.
PH: 0124-2301551, 2301552.

OPD Bill

Bill No.	OB21//2405261	Bill Date	24/02/2024 12:06 PM
Patient Name	POONAM JHA	UHID	SMMC20/04320
Age/Sex	42 Years -3 MonthsFemale	Contact No.	9873138504
Address	2774 LAXMAN VIHAR GGN	Referred By	Dr. DR SAROJ KUMAR
sponsor	CASH PATIENT	Employee No	

Particulars of Services provided	Charges	Nos	Amount	Disc	Net Amount
DAY CARE CHARGES					
IROZORB	300.00	1	300.00	0.00	300.00

Payment Details

Cash	0.00	
Cheque	0.00	
Debit/Credit Card	300.00	4430
Paytm/upi/gpay	0.00	BHIM UPI

Total Bill Amount (Rs.)	300.00
Amount Received (Rs.)	0.00
Discount	0.00
Special Discount	0.00
GST Amount	0.00
Net Amount (Rs.)	300.00
Paid Amount	300.00
Due Amt to be Paid	0.00

In words (Rupees three hundred only)

Doc Type	Doc No	Doc Dt.	Amount	Discount	Net Amt.
Receipt	R21/2343125	2024-02-24	300.00	0.00	300.00





MANIPAL HOSPITAL GURUGRAM
Block-F, Near Gol chakkar, Palam Vihar, Gurugram, Haryana - 122017
CIN:BLRC05143F

BILL OF SUPPLY

Reg No. : MH011754231
Name : MRS POONAM JHA
Age/Sex : 41 Y / Female
Address : GURGAON PALAM VIHAR GURGAON 122017

Episode No : 023000045286
Episode Date: 06/03/2024
Bill No. : MPD230CS0044523
Bill Date : 06/03/2024 02:40PM
Phone : 9873138505
GSTIN : 06AACCC2943F1Z0

Department: OBG MPD
Doctor : DR. MUKTI PAITHANKAR
Payor : Patient

#	Particulars	Unit	Price	SAC	Amount
1	REGISTRATION	1	200.00	999311	200.00
2	CONSULTATION O. B. G.	1	1000.00	999311	1000.00
Total :					1200.00
Amount Paid :					1200.00

(Received with thanks a sum of Rupees One Thousand Two Hundred only)

Payment Details

#	Particulars	Receipt Amt.	Amt. Adjusted
1	Online Payment No. xxxxxxxxxxxx7004 dated 06/03/2024.	1200.00	1200.00
Total			1200.00

Generated/Printed By
(Ritika Sharma)

Review consult within 5 days from the first consultation at Rs 500 /- (for Super Specialties)
And Rs 350 /- (for other Specialties)
For Appointment, Please call on 0124-4169950, 0124-6165666

Bank : AXIS BANK TID : 93575526
Batch : 724419 CType : VISA
ApprCode : 000196 Invoice : 3204653