



TELANGANA GOVERNMENT
EMPLOYEES AND JOURNALISTS
HEALTH SCHEME

PATIENT REGISTRATION FORM
Patient No : 6385233

Token No: **105**

PERSONAL DETAILS

Health Card No: GA0000552/02	Name: K SARITHA	Gender: Female
Age: 47Y 7M 28D	Relationship: Wife	Slab: Semi Private Ward
Designation: Dependent	Contact No: 9866305901	



CARD ADDRESS

House No: 2-108/6/27/31	Street: P.N.R. COLONY	District: MEDCHAL
Mandal/Municipality: MEDIPALLI	City/Town/Village: BODUPPAL	Pin code: NA

COMMUNICATION ADDRESS

House No: 2-108/6/27/31	Street: P.N.R. COLONY	District: MEDCHAL
Mandal/Municipality: MEDIPALLI	City/Town/Village: BODUPPAL	Pin code: NA

REGISTERED HOSPITAL DETAILS

Referral Center: WC - KHAIRATABAD	Referral Center Contact: 040-23300989
Date and Time of Registration: 16/01/2025 10:26:01 AM	

S.No

1

2

3

Hypothyroid

Speciality Type

General Physician

Gynaecologist

Orthopedician

Room No

205

215

201

NIMS X-ray C/S spine AP & Lat

CRP, ESR, P, Uric Acid, RBS

*Physiotherapy
low back flexion/extension
Abdomen*

1) Ls brace x 6

2) Tel Chymoral forte BD 5day

3) T. Baclofen 10 BD x 7day

4) T. Relog 90 OD x 7day

*5) Tablet Vit D x 4
Once a week*

6) Diet Gel.

7) Cg Bion OD x 10

16/1/25

10-15

Ado

CBP

CVS

ABG, PCBS

HbA1c

RFT

LFT

Sr. Calcium

lipid profile

USG scan (whole abdomen
& pelvis)

c/o Backache

on Thyronorm 75µgm

Sinusitis ++

? coccydynia

P2/P2

Post menopausal
4 yrs.

1. Tab. Pantop

- 1 - (30)

2. Tab. shdcal/Gemcal

- 1 - (30)

3. Tab. methylcobalamin
1500 µgm

- 1 - (30)

4. Tab. cholecalciferol

- 1 - once a
week (6)

5. Tab. Montek-LC
- 1 (15)

Su