



NO-2-41/2/A, PAVAN PRIYANKA PLAZA KOTHAGUDA CROSS ROADS  
KONDAPUR, HYDERABAD-500084, TELANGANA

RTGS / NEFT IFSC : HDFC0002019

Preferred

Pay

Rupees रुपये

Weekly Holiday on SUNDAY

D D M M Y Y Y  
Valid for 3 months only

Or Bearer

या धारक को

₹

अदा करें

A/c. No.  
खाता क्र.

50100179808667

Brn: 2019 Pdt:113  
SB A/C

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

*Canceled*

JAGADEESH J

Please sign above / कृपया यहाँ हस्ताक्षर करें

■■■ 0000 13 ■■■ 500 2400 431: 032726 ■■■ 31



Scanned with OKEN Scanner

**Mandate Form for Electronic Transfer of Claim Payments**

**To, Bajaj Allianz General Insurance Company Ltd**

**Office Date & Name**

**Branch Number**

Partner ID (to be filled by Office):

Full Name:

Shri / Smt / Kun / M/s **JAGADEESH J**

(As appears in your bank account)

3-132/B, Flat No 402, Sri Chaitanya Palace, Opp. Sand Dunes  
Cognacada, Behind Aurobindo Ashram, Visakhapatnam, Andhra Pradesh  
PIN Code: 530046

Visakhapatnam, Andhra Pradesh

Contact / Mobile No:

**9642678515 Email ID: jagadeeshjaganvi@gmail.com**

**Particulars of bank:**

Bank Name:

**HFBC Bank**

Branch Name & Address:

Kondapur Branch, NO-2-44/2B, ANAND KRISHNA ROAD,  
KOTHAGODI CROSS ROADS, KONDAPUR, HYDERABAD - 500049  
TELENGANA

Branch Telephone No & Contact No:

5	0	0	2	4	0	0	4	3	1
H	D	F	C	E	O	E	2	L	I
H	D	F	C	E	O	E	3	L	I

Branch MICR Code

Branch IFSC Code for NEFT

Branch IFSC Code for RTGS

Name of the Account Holder  
(As per Bank Account)

**JAGADEESH J**

Account Type

Savings

Current

Cash Credit

Account No.

(as appearing in the cheque book)

5	0	1	0	0	1	7	9	8	0	8	6	6	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---

I/we have read the declarations / conditions mentioned above.

Place: **VISAKHAPATNAM**

Date: **09/12/2022**

**J. Jagadeesh**  
(Banker/Holder's Signature)

(Please attach copy of a cancelled blank cheque of your bank for ensuring accuracy of name of the bank, branch name, account number and IFSC code, if name of the payee is not printed on the cheque book please attach copy of the first page of the bank passbook also.)





Bajaj Allianz General Insurance Company Limited,  
Regd & Head Office: C-8, Sector-8A, Noida-201301, Uttar Pradesh, India - 201301  
Email: [info@bajajallianz.com](mailto:info@bajajallianz.com)  
Phone No: 1800-200-5555  
000-30305555

(To be filled in block letters)

TO BE FILLED IN BY THE INSURED  
The issue of this form is not to be taken as an admission of liability

DETAILS OF PRIMARY INSURED

Address No:	06-28111330138-40054	Sl. No./Certificate No:
Expiry Date:	06-28111330138-40054 A	Customer ID:
Organization Name:	CROWN HORWATH IT SERVICES LLP	Date:
a) Name:		
b) Address:		
c) City:	State:	Pin Code:
d) Phone No:	Email ID:	

DETAILS OF INSURANCE HISTORY

a) Currently covered by any other Mediclaim / Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Date of commencement of last insurance without break		
c) If yes, company name	Policy No:	
Seen Insured (R&E):		
d) Have you been hospitalized in the last few years since inception of the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnosis:		
e) Previously covered by any other Mediclaim / Health Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) If yes, Company Name:		

DETAILS OF INSURED PERSON HOSPITALIZED

a) Name of the Patient:	D. MEENA	
b) Health ID card no. of the Patient:	GMC-28111330138-40054 A	
c) Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	d) Age: years <input type="checkbox"/> months <input type="checkbox"/>	e) Date of Birth: <input type="checkbox"/>
f) Relationship of Primary insured: Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>	(Please Specify)	
g) Occupation: Service <input type="checkbox"/> Self Employed <input checked="" type="checkbox"/> Homemaker <input checked="" type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/>	(Please Specify)	
h) Address (if different from above):	D no 8-139/8, Gullavapalem, 60 feet Road, Aganippe	
i) City:	Vijayawada	State: Andhra Pradesh
j) Phone No:	9642676518	Email ID: JAGADEESHJAGANI418@gmail.com

DETAILS OF HOSPITALIZATION

a) Name of Hospital where Admitted:	SUJATHA HOSPITAL	
b) Room Category occupied: Day Care <input type="checkbox"/> Single occupancy <input checked="" type="checkbox"/> Twin sharing <input type="checkbox"/> 3 or more beds per room <input type="checkbox"/>		
c) Hospitalisation due to: Injury <input type="checkbox"/> Illness <input type="checkbox"/> Maternity <input type="checkbox"/>		
d) Date of Injury/Disease first detected/Date of Delivery: <input type="checkbox"/>		
e) Date of Admission: 26/11/2024	Time: <input type="checkbox"/>	g) Date of Discharge: 30/11/2024
h) Name of treating doctor:		
i) Diagnosis:		
j) If injury/grief caused: Self <input type="checkbox"/> Inflicted <input type="checkbox"/> Road Traffic Accident <input type="checkbox"/> Substance Abuse / Alcohol Consumption <input type="checkbox"/>		
k) If Medico legal: Yes <input type="checkbox"/> No <input type="checkbox"/>		
l) Reported to police: Yes <input type="checkbox"/> No <input type="checkbox"/>		
m) MLC report and Police FIR attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
n) System of Medicine:		





## CLAIM FORM PART-B

TO BE FILLED IN BY THE HOSPITAL.

The issue of this form is not to be taken as admission of liability  
Please include the original preauthorization request form in lieu of PART-A

(To be filled in block letters)

## DETAILS OF HOSPITAL

a) Name of the hospital: SUJATHA HOSPITAL  
 b) Hospital ID: \_\_\_\_\_ c) Type of hospital: Network  Non-Network  (If non-network fill section E)

d) Name of treating doctor: Dr. S. K. MOHAKUL  
 e) Qualification: M.D OB/GYN f) Registration No with State Code: 9931 g) Phone No: 9966554900

## DETAILS OF THE PATIENT ADMITTED

a) Name of the patient: D. MEENA  
 b) Registration Number: 01636842423 Gender: Male  Female  d) Age: Years: \_\_\_\_\_ Months: \_\_\_\_\_ e) Date of birth: DD/MM/YY  
 f) Date of admission: 26/11/2021 g) Time: HH MM h) Date of discharge: 30/11/2021 i) Time: HH MM  
 j) Type of Admission: Emergency  Planned  Day Care  Maternity  k) If Maternity l) Date of delivery: 26/11/2021 m) Gravida Status: \_\_\_\_\_  
 l) Status at time of discharge: Discharge to home  Discharge to another hospital  Deceased:  m) Total claimed Amount: \_\_\_\_\_

## DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a) Primary Diagnosis:	ICD 10 Codes	Description	b) ICD 10 PCS	Description
I   C00-A9			I   I   I	
a) Additional Diagnosis:	I   I	PREGNANCY	I   I   I	
a) Co-morbidities:	I   I		I   I   I	
a) Co-morbidities:	I   I		I   I   I	
d) Pre-Authorization Obtained: Yes <input type="checkbox"/> No <input type="checkbox"/>		e) Pre-Authorization Number: _____		
f) If authorization by network hospital not obtained, give reason: _____				
g) Hospitalization due to injury: Yes <input type="checkbox"/> No <input type="checkbox"/> i) If Yes give cause: Self-inflicted: <input type="checkbox"/> Road Traffic Accident: <input type="checkbox"/> Substance abuse/ alcohol consumption: <input type="checkbox"/>				
h) If injury due to Substance abuse/alcohol consumption, Test conducted to establish this: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes attach reports) iii) Medico Legal: Yes <input type="checkbox"/> No <input type="checkbox"/>				
i) Reported to Police: Yes <input type="checkbox"/> No <input type="checkbox"/> v) HR no: _____ vi) if not reported to police give reason: _____				

## CLAIM DOCUMENTS -CHECK LIST

- Claim form duly signed
- Original Pre-Authorization request
- Copy of Pre-Authorization letter
- Copy of photo ID card of patient verified by hospital
- Hospital discharge summary
- Operation theatre notes
- Hospital main bill
- Hospital break up bill

- Ingestion reports
- CT/MR/USG/HPE investigation report
- Doctor's reference slip for investigation
- ECG
- Pharmacy bills
- MLC report & Police FIR
- Original death summary from hospital where applicable
- Any other, please specify \_\_\_\_\_

## ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON NETWORK HOSPITAL)

a) Address of hospital: G-608, Sramikanagar  
 City: VSP State: AP Pin Code: 520016 Phone No: 9966554900 c) Registration no with State Code: -126  
 d) Hospital PAN: AGCFS5187N e) Number of Inpatient beds: 50 facilities available in hospital: i) OT: Yes  No  ii) ICU: Yes  No   
 f) Others: \_\_\_\_\_

## DECLARATION BY THE HOSPITAL: (PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in the Claim Form is true and correct to the best of our knowledge and belief. If we have made any false and untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

SUJATHA HOSPITAL

(Regd. No.: 126)

D. No.: 6-6, 8/9, Sramikanagar,  
 Gejjuwaka, Visakhapatnam-530 026  
 Signature and Seal of the Hospital Authority

Cell No. : 9966554900

Date: / / / / /

Place: \_\_\_\_\_

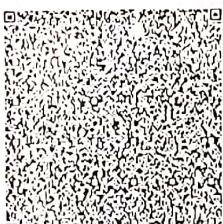
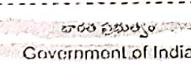
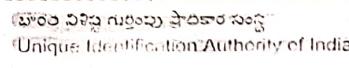
GUIDELINES FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)			
DATA ELEMENT	DESCRIPTION	FORMAT	
a) Name of Hospital	Enter the name of hospital	Name of hospital in full	
b) Hospital ID	Enter ID number of the hospital	As allotted by TPA	
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option	
d) Name of treating doctor	Enter the name of treating doctor	Name of doctor in full	
e) Qualification	Enter the qualification of treating doctor	Abbreviations of educational qualifications	
f) Registration No with state code	Enter the registration no of treating doctor along with state code	As allotted by the medical council of India	
g) Phone No	Enter the phone no of doctor	Include STD code with telephone number	
SECTION B - DETAILS OF THE PATIENT ADMITTED			
a) Name of the patient	Enter the name of hospital	Name of hospital in full	
b) IP Registration number	Enter the insurance provide registration number	As allotted by the insurance provider	
c) Gender	Indicate Gender of the patient	Tick Male or Female	
d) Age	Enter age of the patient	Number of years and months	
e) Date of Birth	Enter date of admission	Use dd-mm-yy format	
f) Date of Admission	Enter date of admission	Use dd-mm-yy format	
g) Time	Enter time of admission	Use hh:mm format	
h) Date of Discharge	Enter date of discharge	Use dd-mm-yy format	
i) Time	Enter time of discharge	Use hh:mm format	
j) Type of Admission	Indicate type of admission of patient	Tick the right option	
k) If Maternity	Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
	Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option	
m) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)	

SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)			
a) ICD 10 Code	Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
	Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
	Co-morbidities	Enter the ICD 10 Code and description of the co-morbidities	Standard Format and Open text
b) ICD 10 PCS	Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
	Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
	Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
	Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No	
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA	
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text	
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No	
Cause	Indicate cause of injury	Tick the right option	
If injury due to substance abuse/ alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No	
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No	
Reported To Police	Indicate whether police report was filed	Tick Yes or No	
FIR No.	Enter first information report number	As issued by police authorities	
If not reported to police,give reason	Enter reason for not reporting to police	Open Text	
SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST			
Indicate which supporting documents are submitted			
SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL			
a) Address	Enter the full postal address	Include Street, City and Pin Code	
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number	
c) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allotted by the Medical Council of India	
d) Hospital PAN	Enter the permanent account number	As allotted by the Income Tax department	
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits	
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify	

SECTION F - DECLARATION BY THE HOSPITAL

Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign and stamp



 <p style="text-align: center;"><b>आधार</b></p> <p style="text-align: center;">Government of India</p> <p style="text-align: center;">भारत सरकार</p> <p style="text-align: center;">Unique Identification Authority of India</p> <p style="text-align: center;">भारत सरकार द्वारा प्रदान की जाने वाली आधार संख्या</p> <p style="text-align: center;">Enrolment No.: 1016/10338/07381</p> <p>To जगनी जगदेश S/O Jagani Nagaraju H.NO 5-131 Peda Komala Veedhi Madugula Mandalam Madugula Visakhapatnam Andhra Pradesh - 531027 9612676515</p> <p></p> <p>मेरा आधार संख्या / Your Aadhaar No. : <b>5752 2992 6834</b> VID : 9133 5758 1792 0136</p> <p>नमः आधार, नमः गुरुत्वं</p> <p>  </p> <p>जगनी जगदेश पुरुष/DOB: 06/06/1990 वर्षमुक्त/ MALE</p> <p>5752 2992 6834 VID : 9133 5758 1792 0136</p> <p>नमः आधार, नमः गुरुत्वं</p>	 <p style="text-align: center;">भारत सरकार</p> <p style="text-align: center;">Unique Identification Authority of India</p> <p style="text-align: center;">आधार</p> <p style="text-align: center;">नमः आधार</p> <ul style="list-style-type: none"> <li>■ आधार एक गृहिंय मूलतः सारांशकारी कार्य</li> <li>■ सरकारी अधिकारी द्वारा बनाया गया एवं उपलब्ध कराया जाने वाली आधार संख्या द्वारा वर्णित कार्यकारी विवरणों का संग्रह</li> <li>■ इस एवं आधार संख्या का उपयोग विभिन्न सरकारी एवं निवासी सेवाओं में आवधि होता है।</li> </ul> <p><b>INFORMATION</b></p> <ul style="list-style-type: none"> <li>■ Aadhaar is a proof of identity, not of citizenship.</li> <li>■ Verify identity using Secure QR Code/ Offline XML/ Online Authentication.</li> <li>■ This is electronically generated letter.</li> </ul> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <ul style="list-style-type: none"> <li>■ आधार दर्शकात्मक दस्तावेज़ अनुच्छेदी है।</li> <li>■ विनाशकारी विवरों का अनुच्छेद आधार में उपलब्ध कराया जाता है।</li> <li>■ आधार का नाम, जन्म तिथि, वर्षमुक्त, वर्षावाही एवं विवरणों का अनुच्छेद आधार के लिए उपलब्ध है।</li> <li>■ आधार का नाम, जन्म तिथि, वर्षमुक्त, वर्षावाही एवं विवरणों का अनुच्छेद आधार के लिए उपलब्ध है।</li> <li>■ Aadhaar is valid throughout the country.</li> <li>■ Aadhaar helps you avail various Government and non-Government services easily.</li> <li>■ Keep your mobile number &amp; email ID updated in Aadhaar.</li> <li>■ Carry Aadhaar in your smart phone – use mAadhaar App.</li> </ul> </div> <p>  </p> <p>जगनी जगदेश पुरुष/DOB: 06/06/1990 वर्षमुक्त/ MALE</p> <p>5752 2992 6834 VID : 9133 5758 1792 0136</p> <p>नमः आधार, नमः गुरुत्वं</p>
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*Caringly yours*  
Health & Wellness Card

BAJAJ Allianz 

Policy Number : OG-23-1113-8403-00000138  
Valid Up To : 19-Nov-2023  
Name : MEENA D.  
Gender : Female  
Date of Birth : 11-Feb-1995  
Age : 27  
ID Card No : GMC-23111330138-40054A  
Company Name : CROWE HORWATH IT SERVICES LLP



Scan QR code to access card details

**Bajaj Allianz General Insurance Company Limited**

(A Company incorporated under Indian Companies Act,  
1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)  
Regd. Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006(India)

Cashless hospitalization in network hospitals can be obtained only if this card is produced along with a letter of authorization from Bajaj Allianz except for emergency cases. This is subject to terms and conditions of the policy.

Please quote your ID number for assistance. Intimation to Bajaj Allianz helpline is mandatory in case of any hospitalization.

**HOSPITAL ALERT:** In emergency, patient may approach with Id card; please call Bajaj Allianz helpline to verify coverage and cashless authorization.

For help and more information:

Toll Free: 1800-103-2529 (Dedicated Health Helpline) 1800-102-5858, 1800-209-5858

Chargeable: 30305858 (add area code before this number in case of mobile call)

Email us at [bajichelp@bajajallianz.co.in](mailto:bajichelp@bajajallianz.co.in) or Visit our Website [www.bajajallianz.com](http://www.bajajallianz.com)

Corporate Identification Number U66010PN2000PLCD15129

This is not a Credit/DebitCard and is the property of Bajaj Allianz Insurance Co. Ltd.

Dhandapani Meena (ధండపని మీనా)

D/O Tirupur Sriharanathan Dhandapani, 3-139/B flat  
no-402 sei chanakya palace, gallevanipalem, 60 feet  
road, aganampudi, Duvvada, Visakhapatnam,  
Andhra Pradesh - 530046

మార్కోట్ నెంబర్ / Your Aadhaar No.:

9656 3134 3944



Digitized by srujanika@gmail.com

- ఆదార్ నెంబర్ కు దొబ్బా, డాచ్‌లో జీవిస్తారు.
- గాజెట్‌ము ద్వారా ఉన్న అంతర్వేషణ వ్యాపారమైనా.
- ఈ కార్డుకి ముగ్గురు అంతర్వేషణ లు.

#### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Digitized by srujanika@gmail.com  
Digitized by srujanika@gmail.com  
DEPARTMENT OF ADOPTED  
DATE: 09/02/2018 BY: 1234567890

నా ఆధార్ - నా గుర్తింపు



- ఆదార్ కావించు చెప్పాలి.
- ఆదార్ పాఠక కోడ్, ఆదార్ నెంబర్ తమిల్ లీపిలీట్ లు.
- దయచు చు లభ్య ముద్దు నించ వారియు కామియార్ లు ద్వారా నమోదు చేసింది. దివోపాశ ము విధిన్న రూప్యాఖాలను మించ లుఱుంది.

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार  
GOVERNMENT OF INDIA



సంఘర్షణ మీనా

Dhandapani Meena  
పుట్టణ తార్/ DOB: 11/02/1995

స్త్రీ / FEMALE

9656 3134 3944



భారతీయ విశిష్ట ఏహాన ప్రాథికరణ  
INDIA IDENTIFICATION AUTHORITY OF INDIA

పిలువాను:

D/O డిఱ్పుర్ శ్రీహన్తాన  
ధండపని, 3-139/8 ఫ్లాట్ నె  
402 సెంట్ కోస్ట్ మ్యార్కెట్,  
గుంపుపాల్మ, 60 ఫ్లాట్ మార్కెట్,  
ఆంధ్రప్రదీప, యాన్క్రిప్ట,  
ఎక్సాప్రెస్,  
అంధ్రప్రదీప - 530046

Address:

D/O Tirupur Sriharanathan  
Dhandapani, 3-139/B flat no-402  
sei chanakya palace,  
gallevanipalem, 60 feet road,  
aganampudi, Duvvada,  
Visakhapatnam,  
Andhra Pradesh - 530046

9656 3134 3944



Scanned with OKEN Scanner

Where healing begins...

- 50 Slice CT Scan
- Advanced Clinical Lab
- Ultrasonography (3D / 4D / 5D )
- ECG (12 Channel)
- Sono Mammo /Elastography
- RGU, MCUG, IVP
- Color Doppler
- HSG (Sono / Digital)
- 2D Echo
- Biopsy / FNAC
- Digital Mammogram
- TMT / PFT
- Digital X-Ray
- Health Packages

Name	D. MEENA	ID	2212985
Age & Gender	27 Y/FEMALE	Visit Date	18.11.2022
Ref Doctor	S.K. MOHAKUL MD DGO		

### OBSTETRIC DOPPLER AND BIOPHYSICAL PROFILE

Single Live fetus seen in breech presentation.

Fetal cardiac pulsations are regular and good. FHR: 152/bpm.

Placenta: Posterior, upper segment, Intact, Grade 'III' maturity. Retroplacental space is clear.

Liquor: Adequate. AFI - 12.6cm. Single vertical pocket 5.2cm.

Cervix length 3.2 cm, Internal OS closed.

#### BIOMETRY:

B.P.D.	: 9.50cm corresponding to	38wks	5days
H.C.	: 34.00cm corresponding to	39wks	1days
A.C.	: 33.59cm corresponding to	37wks	3days
F.L.	: 7.59cm corresponding to	38wks	6days

<u>GESTATIONAL AGE</u>	<u>EDD</u>
------------------------	------------

LMP: 04.03.2022	37wks 0days	09.12.2022
USG	38wks 4days	28.11.2022

Estimated fetal weight 3408± 504gms

Opp. Eaters Stop, Chinagantyada Junction, Gajuwaka, Visakhapatnam - 26



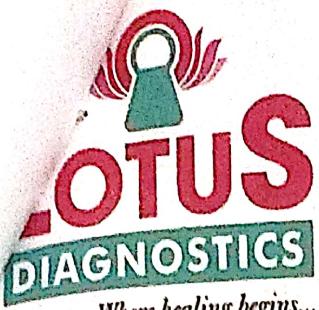
94933 36600 / 9246615824



lotusgajuwaka@gmail.com



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Where healing begins...

- 50 Slice CT Scan
- Advanced Clinical Lab
- Ultrasonography (3D / 4D / 5D )
- ECG (12 Channel)
- Sono Mammo /Elastography
- RGU, MCUG, IVP
- Color Doppler
- HSG (Sono / Digital)
- 2D Echo
- Biopsy / FNAC
- Digital Mammogram
- TMT / PFT
- Digital X-Ray
- Health Packages

Name	D. MEENA	ID	2212985
Age & Gender	27 Y/FEMALE	Visit Date	18.11.2022
Ref Doctor	S.K. MOHAKUL MD DGO		

#### BIOPHYSICAL PROFILE

Liquor	: 2/2
Fetal tone	: 2/2
Fetal movements	: 2/2
Respiratory movements	: 2/2
BPP score	: 8/8

#### IMPRESSION:

- Single live intrauterine gestation corresponding to 38wks 4days in breech presentation.
- Two loops of umbilical cord around the fetal neck at present.
- BPP score - 8/8

#### Declaration: -

I Dr. DEVARAPU KATYAYANI, declare that while performing sonography on this patient I have neither declared nor disclosed the SEX of the fetus to anybody in any manner.

I Mrs. D. MEENA, declare that by undergoing sonography I was not disclosed the SEX of my fetus.

(Sex determination is a crime as per PC & PNDT act 1984)

  
**Dr. DEVARAPU KATYAYANI**  
MBBS, DMRD  
Sr. CONSULTANT RADIOLOGIST

Opp. Eaters Stop, Chinagantyada Junction, Gajuwaka, Visakhapatnam - 26

 94933 36600 / 9246615824  lotusgajuwaka@gmail.com



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**LOTUS DIAGNOSTICS, GAJUWAKA**

Name Institute	D MEENA 27Y F LOTUS DIAGNOSTIC...	ID	18-11-2022-0010	Exam. Date	18-11-2022
-------------------	--------------------------------------	----	-----------------	------------	------------

[ OB ]

LMP	04-03-2022	EDD(LMP)	09-12-2022	GA(LMP)	37w0d
AUA	38w4d	EDD(AUA)	28-11-2022	Pctl. Criteria	EDD(LMP)
EFW	3408g±504g	EFW Author	Hadlock4(BPD,...	GA(EFW)	38w6d
Pctl.(EFW)	82.80	SD(EFW)	+0.95		

Fetal Biometry	Last	1	2	3	cm	GA	Pctl.		
	BPD	9.50	9.50				Hadlo...	95.27	Hadlo...
HC	34.00	34.00			cm	39w1d±19d	Hadlo...	74.82	Hadlo...
AC	33.59	33.59			cm	37w3d±21d	Hadlo...	76.88	Hadlo...
FL	7.59	7.40	7.61	7.59	cm	38w6d±22d	Hadlo...	87.97	Hadlo...
AFI	Last	1	2	3		Last	1	2	3
Q1	5.23	5.23			cm	Q2	3.58	3.58	cm
Q3	3.26	3.26			cm	Q4	0.53	0.53	cm
AFI	12.60(40...)	12.60			cm				

Ratio	Value	Normal Range	
FL/AC	22.58	%	(20.0~24.0%, >21w)
FL/BPD	79.84	%	(71.0~87.0%, >23w)
FL/HC	22.31	%	(19.90~23.50%, 37w0d)
HC/AC	1.01		(0.92~1.05, 37w0d)

Umbilical A	Last	1	2	3	Pctl.
PSV	-38.15	-48.91	-47.28	-38.15	cm/s
EDV	-19.89	-26.41	-23.15	-19.89	cm/s
S/D	1.92	1.85	2.04	1.92	
D/S	0.52	0.54	0.49	0.52	
RI	0.48	0.46	0.51	0.48	
PI	0.66	0.60	0.70	0.66	
HR(Auto)	154	144	143	154	bpm

18-11-2022 12:38 pm

- 1 -



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# SUJATHA HOSPITAL

ISO 9001 : 2008 CERTIFIED

D. No. 6-60-8/9, Sramikanagar, Gajuwaka, Visakhapatnam - 26.

Phone : 0891-6577115, 2741116, 2742115

## DISCHARGE SUMMARY

Name	: D. MEENA	IP No.	: 016368/22-23		
Age / Sex	: 27/F	DOA	: 26-11-2022		
Address	: Wb. Jagadeesh, Droor 3-189/8, Challamipalem, 60 feet Road, Ayanampudi Sea-chankye palem Apartment VSP	DOO	: 26-11-2022		
		DOD	: 30-11-2022		
		Surgeon	: Dr. S.K. MOHAKUL <small>Duo</small>		
		Anesthetist	: Dr. N. PRAVERNA <small>Duo</small>		
			: Dr. M. SUJATHA <small>Duo</small>		
			: Dr. M. JAYARAM <small>Ast</small>		
			: Dr. N. MARASSHA <small>R&amp;D</small>		
History	Others came to hospital for safe institutional delivery				
Medical History	LAM				
Diagnosis	C <sub>II</sub> As got admitted for elective L.S.Cs				
Indication	C <sub>II</sub> As 7 term gestation & Breech & CRN 2 loops				
Anaesthesia	Spinal Anaesthesia				
Procedure	Pfannenstiel Incision				
	PRIMARY L.S.Cs				
Post OP	At discharge patient vitals are stable Cec free No - Rallor				
Recovery					
Baby	Sex : Male Date : 26/11/2022 Time : 02:44 PM Weight : 3kgs				
Investigations					
Hb	: 12.0 +	Medication			
Group & Rh (D)	: <sup>AB</sup> <sub>+</sub>	(At the time of Discharge)			
Random Sugar	: 86/12L 183	<u>Rx</u>			
HIV I & II	: Non Reactive	1. Tab Monocel - 0.25g - TSD			
HBsAg	: Negative	2. Tab - Aciclo - 100 mg - BD			
X-Ray/ECG/US Scan	: H.W	3. Tab Paracetamol - 500 mg - OD			
Medication					
Twice					

**SUJATHA HOSPITAL**  
 D.No.: 6-60-8/9, Sramikanagar  
 Gajuwaka, Visakhapatnam-530 015  
 Cell No. : 9966554900



# SUJATHA HOSPITAL

Door No:- 6-60-8/9,SHRAMIKANAGAR, GAJUWAKA, VISAKHAPATNAM-530026

PHONE NO-0891-2742116, 2742115. MOBILE: 9966554900

## Receipt Voucher

Patient Name : Mrs D MEENA

Age/Sex : 27 Yrs./ F

IPD No. : 016368/22-23

Date of Admission : 26/11/2022

Bed Number : 311

Payment Mode : Card

Consultant : Dr M B SUJATHA (GYNAECOLOGY)

Receipt No. : IPR/22-23/1406

Date & Time : 30/11/2022 16:00:33 PM

Sl. No	Description	Amount
1	Towards Receipt	16580.00

Amount In Words : Sixteen Thousand Five Hundred Eighty Rupees Only

User Name : SUJATHA



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## SUJATHA HOSPITAL

Door No:- 6-60-8/9,SHRAMIKANAGAR, GAJUWAKA, VVISAKHAPATNAM-530026

PHONE NO-0891-2742116, 2742115. MOBILE: 9966554900

### Receipt Voucher

Patient Name : Mrs D MEENA

Age/Sex : 27 Yrs./ F

IPD No. : 016368/22-23

Date of Admission : 26/11/2022

Bed Number : 311

Payment Mode : Card

Consultant : Dr M B SUJATHA (GYNAECOLOGY)

Receipt.No. : IPR/22-23/1402

Date & Time : 26/11/2022 17:28:05 PM

Sl. No	Description	Amount
1	Towards Receipt	30000.00

Amount In Words : Thirty Thousand Rupees Only

User Name : SUJATHA

Paid Amount : 30000.00



**SUJATHA HOSPITAL**

Door No:- 6-60-8/9, SHRAMIKANAGAR, GAJUWAKA, VISAKHAPATNAM-530026  
PHONE NO-0891-2742116, 2742115. MOBILE: 9966554900

**IP Discharge Bill**

IPID No. : 016368/22-23  
Patient Name : Mrs D MEENA  
Doctor Name : Dr M B SUJATHA GYNAECOLOGY  
Bill No. : IP/P/22-23/12367

Bed Number : 311  
Age/Sex : 27 Yrs. yrs /F  
DOA : 26/11/2022  
D O D & Time : 30/11/2022 & 04:04:49 PM

Sl.No	Services Category	Total Amount
1	Room Rent / Bed Charges( 4 *2000.00 )	8000.00
2	Registration Charges	100.00
3	Nursing	800.00
4	Surgeon fee	13000.00
5	Pharmacy	3780.00
6	Anaesthesia Charges	4800.00
7	I.C.U. Charges	3000.00
8	Asst Surgen	1400.00
9	pediatrician fees	2000.00
10	Surgeon Visits	1200.00
11	Operation Theatre	8500.00

Total Bill Amount	46580.00
Discount Amount	0.00
Refund Amount	0.00
Patient Payable	0.00

In Words : Forty Six Thousand Five Hundred Eighty Rupees Only

PAID

Signature of Patient

STAMP

for SUJATHA HOSPITAL

Signature

**PAID**  
**SUJATHA HOSPITAL**

(Regd. No.: 126)  
No.: 6-60-8/9, Sramikanagar  
Gajuwaka, Visakhapatnam-530 002  
Cell No. : 9966554900



Date : 26/11/21

Patient Name D. Meenaxi

Surgeon Dr. Mahadev

Anesthesiologist Dr. T. P. Parvaiz

Procedure

I.S.C.S

Ref. by

No.	Name	Quantity	S.No.	Name	Quantity
1	Atropine / Glyco	1-4	22	Baxin 500mg	1000mg
2	Adrenaline		23	Gentamycin / Milkacin	20mg
3	Penthal / Propofol	1	24	Quinton	
4	Fortwin / Butrum / Fentanyl	1	25	Metrogyl	
5	Phenergan		26	Ceftriaxone	
6	Midazolam		27	Monocof	1g
7	Ondansetron	1	28	Cord clamp	1
8	Ketamine		29	Sofratullo	
9	Efipres / Mephentline	1	30	Botadine Solution	100ml
10	Decadron / Hydro Cortisone		31	Botadine Scrub	u
11	Avil / Lasix		32	Hydrogen Peroxide	
12	Scoline		33	Savlon	
13	Vecuronium / Pavulon		34	Spirit	
14	Nestigmine		35	Cotton 50g	100g
15	Oxytocin / Epidosin	5	36	Roller Bandages 4" 6"	
16	Methergin / Prostodin	1	37	IV Set	
17	Xylocaine 2% V 5% A		38	Blood Transfusion Set	
18	Sensorcaine 0.5% A 0.5% V	1	39	Paediatric Set	
19	Voveran / Tramadol		40	Corrugated drain	
20	Vit K		41	Plaster	
21	Xylocaine Jelly	1	42	Others	Enzyme

1. Surgical blades	11	15	22		1)	15. Disp Gloves	6	6.5	7.0	7.5	8.0	313-13
2. IV Cannula	18	20	22	24	1)	16. NS	500 ml	1000 ml				
3. IV Set / BT Set	18	20	22	24	1)	17. DNS	500 ml	1000 ml				
4. SV Set	18	20	22	24	1)	18. 5 % Dextroso	500 ml	1000 ml				
5. Spinal needle			23	26	1)	19. RL	500 ml	1000 ml				
6. Romovac	12	14	16	18		20. Plain cat gut		1-0	2-0			
7. Foley's catheter	14	16	18	20	1)	21. Chromic cat gut		1-0	2-0	3-0	4-0	1
8. Nelaton's catheter	14	16			1)	22. Vicryl	1	1-0	2-0	3-0	4-0	1
9. Uro bag	-	-	-	-	1)	23. Sutupak	1	1-0				
10. Ryle's tube	10	12	14	16	1)	24. Prolle	POY 1001	1-0				
11. Feeding tube	5	6	7	8	9	25. Mersilk	1	1-0	2-0	3-0	4-0	6
12. TURP set	-	-	-	-	1)	26. PDS	1	1-0				
13. Endotracheal tube	5	6	7	8	9	27. Loop Nylon	1	1-0				
14. Disp Syringes	2cc	5cc	10cc	20cc	50cc							

Hospital Use

Vacuum Slick Set ①

Easy Fix → ①

**SUJATHA MEDICAL & GENRAL STORES**

C/o sujatha hospital,sramika nagar,Old  
Gajuwaka,visakhapatnam-530026,Andhra Pradesh  
Phone:-08912742116,9966554900,Email:-  
sujatha.hospital@gmail.com  
CIN:-NA,GSTIN:-37AITPG2207QIZQ  
DL Nos:-749/AP/V/M/A/A2005/R

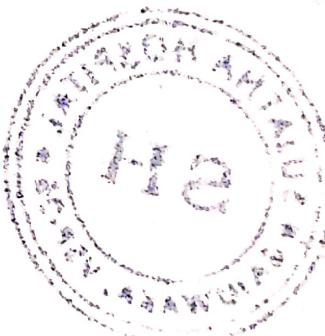
**Pt. Name : D MEENA (OT BILL)**
**Patient ID : 0**
**Bill No. :CA-21882/22-23**
**Mobile No. NA**
**Address : NA**
**Consultant : Dr.M B SUJATHA M.B.B.S.,D.G.O.**
**Date & Time : 30/11/2022 03:37:46 PM**
**Bill of Supply(Cash sale invoice)**

Sl.No	HSN Code	Drug Name	MFR.	Schedule	Batch	Exp.Date	Qty	Unit Price	Net Amt
1	3004	PYROLATE INJ	MAN31	Normal	KP1254067	1/2025	1	13.00	13.00
2	30049099	TAZOWIN INJ	TH02	H1	TAZ207	1/2024	1	36.30	36.30
3	30049035	VOMIKIND-2ML INJ	MANKIND PHARMA PVT LTD	Normal	E5AAV083	3/2024	1	14.49	14.49
4	3004	EFIPRES INJ	NEON LABORATORIES	H	1231055	1/2024	1	33.80	33.80
5	3004	MEM INJ 1ML	NEON LABORATORIES	Normal	KP39081	7/2023	1	15.78	15.78
6	3004	ANAWIN HEAVY AMP	MAN31	H	kp1713595	5/2024	1	30.45	30.45
7	3003	LOX-2% JELLY	NEON LABORATORIES LIMITED	Normal	L0520	4/2024	1	39.30	39.30
8	30049099	RANBIOTIC 80MG	RANBAXY GENERICS	H	LCZ0105	10/2024	1	9.20	9.20
9		LYCEF 1GM INJ	LYKA 7818038	Normal	CDZ22067	7/2024	1	63.75	63.75
10	3004	KLICK CLAMP	WOCKHARDT LIMITED	H	GRM21K522	10/2025	1	33.00	33.00
11	3004	BETADINE SCRUB 500ML	MAN51	Normal	ME0062	10/2023	1	199.36	199.36
12	30059060	JMS MEDI TAPE 320	MAN89	Normal	202003	1/2024	1	108.33	108.33
13	30049099	ENEMA SET	GENERAL	Normal	2260	8/2024	1	60.00	60.00
14	90189022	SURGICAL BLADE 22	SIR	Normal	300622	5/2027	1	6.00	6.00
15	90183990	KIT-KAT IV CAN20G	SIR	Normal	21544	3/2027	1	149.50	149.50
16	9018	IV SET (SAFTI)	SURGICAL ITEMS	Normal	221307	8/2025	1	178.00	178.00
17	30043004	BD SPINAL NEEDLE 23G	MAN81	Normal	2202006	1/2027	1	215.00	215.00
18	90183910	FOLEY CATHER 16NO	SURGICAL ITEMS	Normal	P20J02	9/2025	1	125.00	125.00
19	9018	URINE BAG 10	OTSUKA	Normal	G22075004	6/2026	1	289.00	289.00
20	401490301	FEEDING BOTTLE (MINI FA	GENERIC ITEM'S	Normal	0000	5/2026	1	85.00	85.00
21	90183100	DISPO VAN 10ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	235106ANM	9/2027	3	10.00	30.00
22	30183100	DISPO VAN 2ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	237024NF1	8/2027	3	4.50	13.50
23	90183100	DISPO VAN 5ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	230055NC1	6/2027	3	8.00	24.00
24	4015	SURGICARE GLOVES-6.5	SURGICAL ITEMS	Normal	22D2007P	3/2027	3	65.00	195.00
25	3004	SURGICARE GLOVES-7.5	SURGICAL ITEMS	Normal	22D5056	3/2027	3	80.00	240.00
26	30045020	NS 1000ML	MAN25	Normal	1220856	1/2025	1	52.55	52.55
27	30045020	DNS 1000ML (CLARIS)	OTSUKA	X	1223542	4/2025	1	64.96	64.96
28	30045020	RL 1000ML	OTSUKA	Normal	1225167	6/2025	1	99.19	99.19
29	30045020	D5 1000ML	OTSUKA	Normal	1190186	8/2025	1	58.20	58.20
30	9018	TRUGUT 1-0 SN4242	SUT02	Normal	A220570	6/2027	1	180.00	180.00
31	90189099	HINGLACT 2346	HLL LIFE CARE LTD.	Normal	S462200088	2/2027	1	444.00	444.00
32	9018	PROLENE 1(RB) NW843	MAN98	Normal	V1007	10/2026	1	414.00	414.00
33	3004	MERSILK 2.0(RC) NW5036	MAN98	Normal	V1037	10/2026	1	213.00	213.00
34	3004	EASY FIX MEDIUM	SURGICAL ITEMS	Normal	EFME2002	9/2025	1	47.00	47.00

Total Amount	3779.66
RoundOff Amount	0.34
Total Payable	3780.00

In Words: Three Thousand Seven Hundred Eighty Rupees Only  
 Mode of Payment: By Cash 3780.00/-

1. Medicines Can be returned on production of original bill within 7 days of billing date.  
 2. Please Consult Dr. Before using the medicines  
 3. All Disputes Subject to Jurisdiction only visakhapatnam



3779.66  
0.34  
3780.00

Lakshmi

CENTRAL  
STORES

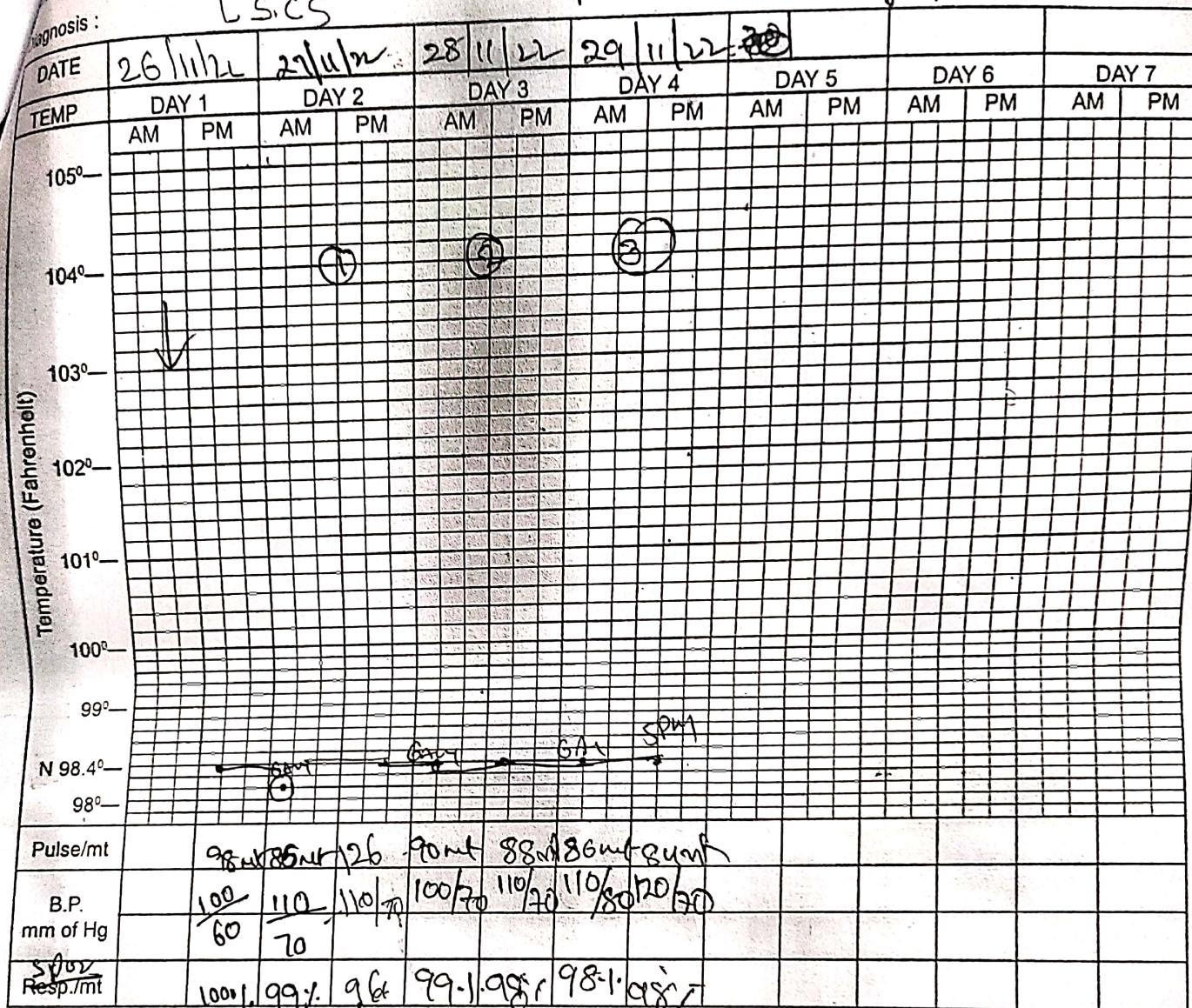


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# SUJATHA HOSPITAL

GAJUWAKA

Patient's Name : Dhandapani Meena w/o Jagadish Age : 27/7 Sex : F  
 Date & Time of Admission : 26/11/22, 12:30 pm Ward : \_\_\_\_\_ Bed No. 311  
 Address : 3-139/8 Gollavaniipalem, 60 P Road Aganapet Ph. No. 96426765  
 Diagnosis : L.S.CS



Investigations : 23/9/22 Group & Rh : "B" positive. Chest PA view : 26/11/22  
 Hb : 12.0%. Urine : ECG :  
 TC : Albumin : Ultrasound : Sex Male  
 DC : Sugur : Endoscopy :  
 ESR : Micro :  
 FBS / PP / Random GTT : 86 / 122 / 83 HIV I & II : Non-Reactive :  
 Urea : : HBs Ag : Non-Reactive : RBS : 70 mg%  
 S.Creatinine : :  
 Bilirubin : : HCV - negative.



Date	Progress	Instructions

**SUJATHA HOSPITAL  
INPATIENT'S CONSENT**

I Son/daughter/Wife of Mr. \_\_\_\_\_

Unreservedly in my full senses give my consent to the medical and para medical staff of the Sujatha Hospital to carry out any medication and perform any minor / major surgical procedure under any anesthesia, what they deemed necessary for my diagnosis and management.

The contents of the above paragraph has been unambiguously explained and made to understand in my familiar language.

After understanding the contents of the above paragraphs. I give my consent and hereby declare that I shall not hold the hospital staff or doctors responsible for any untoward incident.

**UNDERTAKINGS TO FOLLOW THE HOSPITAL RULES**

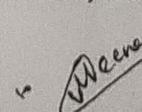
I hereby undertake and accept the responsibility of paying the Hospital bills of Mr. / Mrs. \_\_\_\_\_

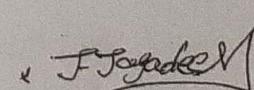
I am related to the said patient in the capacity of \_\_\_\_\_  
I further accept that I shall abide by the standing rules of Sujatha Hospital.

**AUTHORISATION FOR ADMISSION AND TREATMENT**

I understandly and in my full senses give my complete consent for admission and for any diagnostic test, biopsy, transfusion, anesthesia, medical treatment nad surgery as may be deemed necessary during the course of the hospitalisation.

Gajuwaka, Visakhapatnam  
Date :

  
Signature of the Patient

  
Signature of the Patient's Relative

Relationship : (Husband)

Phone No. :



## SUJATHA HOSPITAL

GAJUWAKA

## INPATIENT CASE SHEET

IP No. : 016368/22-2

Room No. : 34

Bed No. :

DOA : 26/11/22

DOD : 26/11/22

DOD : 30-11-22

PATIENT'S NAME: Chandrapani Meena Age / Sex: 27 Y / F  
 Address & Ph. No. 3-139/18, Gullavanipalem, Gopuram Road DOB : 26/11/22  
 Aganampudi, Apartment: Sai Chandrana palesh.

## HISTORY &amp; CLINICAL EXAMINATION:

In 2 A, got admitted for electric LSCS  
 on 26/11/22

Cmp - 4/3/22

EDD - 9/12/22

G<sub>1</sub> → 2/12 miss carriage.G<sub>2</sub> - P<sup>R</sup>

Elelctrohypothyroidism  
 thyroid somcys ob.

P/A -

ut TG; Bree

~~opposite~~

P/V → C long  
 os closed  
 posterior

Both sps point  
 sp not Reached

Interspinous distance  
 could not answer  
 Pelvic muscle spasm

SVA - 2 8/8

TDO → 4 knuckles.

mild Pelvic Narrow

Growth scan 18/11/22

38 w

28/11/22

AFI - 12.6 cm

EFW - 3408 ± 504 grs

Cp - 3.2 cm long

CRN 2 loops.

BPP - 8/8.

~~Adm~~  
 Repetition & Enema

consent

Ig. Monocytes IV

Ig. Partop IV

Ig. Andem

{ 1/2 he below  
 meatus.



Primarily LSCS USA

Ind-G<sub>2</sub>A,  $\geq$  TGC Breech SUJATHA HOSPITAL  
 $\geq$  CRN 2loop PROGRESS NOTES

ISO 9001 : 2008 CERTIFIED

Patient's Name : Meena

IP No.

Date : 27/11/22

NAME	PROGRESS	TREATMENT
	<p>OT mole</p> <p>Anesthesia SA</p> <p>Opn. Site:</p> <p>Incision - Full skin</p> <p>Figs done. Maternal bleeding by breech was arrested at 2.44pm approx 10/10. There were 3 bounds of cord around neck.</p> <p>Cord blood collected. Placenta and membranes delivered complete.</p> <p>Maternal delivery closed in low position &amp; P.R.S. 100% skin &amp; silk counts zero.</p> <p>Instrument and correct by midexum.</p> <p>Adm - Standard</p>	<p>26/11/22</p> <p>9 PM</p> <p>B.PT 108/68 mmHg</p> <p>P.P.T about</p> <p>S.P.O<sub>2</sub> 100%</p> <p>wire cut + 1200ml</p> <p>4:</p>

## SUJATHA HOSPITAL

ISO 9001 : 2008 CERTIFIED

## PROGRESS NOTES

Patient's Name: Meena

IP No.

Date: 27/11/22

NAME	PROGRESS	TREATMENT
27/11/22	<p><u>6AM</u> 1st POD. <u>5PM</u> RNP</p> <p>BP: 110/70 mmHg</p> <p>PR: 86nt</p> <p>SPO<sub>2</sub>: 99.1.</p> <p>urine output: 1000ml</p> <p>Temp - O</p> <p><i>For Bait</i> <u>12PM</u></p> <p>PR - 140nt</p> <p>SPO<sub>2</sub> - 98%</p> <p>RNP - O</p> <p>RBS - 66mg/dl</p>	<p>① Inj monacet 1g IV BD</p> <p>② Inj Gentamycin 80mg IV</p> <p>③ Inj Dynopar 1V BD</p> <p>④ Inj Pantop 40mg IV B</p> <p>⑤ Tab Beplex 0D</p>
28/11/22	<p><u>6AM</u> 2nd POD</p> <p>BP - 100/70</p> <p>PR - 90 nt</p> <p>SPO<sub>2</sub> - 99.1.</p> <p>FNP - N</p> <p><u>5PM</u></p> <p>BP - 110/70 mmHg</p> <p>PR - 88nt</p> <p>SPO<sub>2</sub> - 98%</p> <p>RNP - O</p>	<p>⑥ Inj monacet 1g IV BD</p> <p>⑦ Inj Gentamycin 80mg IV</p> <p>⑧ Inj pantop 40mg 0D</p> <p>⑨ Tab. Acci 100mg</p> <p>⑩ Tab. Beplex forte 1</p>

## SUJATHA HOSPITAL

ISO 9001 : 2008 CERTIFIED  
PROGRESS NOTES

Patient's Name :

IP No.

Date :

NAME	PROGRESS	TREATMENT
2022	<p><u>6am 3rd POD</u></p> <p>Temp - N</p> <p>Bp - 110/80</p> <p>PR - 86mt</p> <p>Spo<sub>2</sub> - 98.1</p> <p><u>SPM</u></p> <p>Bp - 120/80mmHg</p> <p>PR - 84mt</p> <p>Spo<sub>2</sub> - 98.1</p> <p>Temp - N</p>	<p>Rx</p> <p>① Inj. - Monocarb 1g 1U BD</p> <p>② Inj. - Gentamycin 80mg 10BD</p> <p>③ Fij. pantop 40mg IV OD</p> <p>④ Tab - Acedo 100mg BD</p> <p>⑤ Tab - Beplace forte OD</p>



Time

Patient Name D Meena

Surgeon Dr Mahakula Anesthesiologist Dr Jayaram

Date 26/1/22

Procedure L.S.C.S

Ref. by

S.No.	Name	Quantity	S.No.	Name	Quantity
1	Atropine / Glyco		22	Baxin 500mg 1000mg	
2	Adrenaline		23	Gentamycin / Mikacin 80mg	6
3	Pentothal / Propofol		24	Quinfor	
4	Fortwin / Bupium / Fentanyl	1	25	Metrogyl	
5	Phenergan		26	Ceftriaxone	
6	Midazolam		27	Monocef 1g	6
7	Ondansetron	1	28	Cord clamp	
8	Ketamine		29	Sofratutto	
9	Efipres / Mephentline		30	Betadine Solution	
10	Decadron / Hydro Curtisone		31	Betadine Scrub	
11	Avil / Lasix		32	Hydrogen Peroxide	
12	Scoline		33	Savlon	
13	Vecuronium / Pavulon		34	Spirit	
14	Nestigmine		35	Cotton 50g 100g	
15	Oxytocin / Epidosin		36	Roller Bandages 4" 6"	
16	Methergin / Prostodin		37	IV Set	
17	Xylocaine 2% V 5% A		38	Blood Transfusion Set	
18	Sensorcaine 0.5% A 0.5% V		39	Paediatric Set	
19	Voveran / Tramadol	9	40	Corrugated drain	
20	Vit K	1	41	Plaster	
21	Xylocaine Jelly		42	Others 1 wt. Pambac 40 mg	3
1.	Surgical blades	11 15 22	15.	Disp Gloves	6 6.5 7.0 7.5 8.0
2.	IV Cannula	18 20 22 24	16.	NS	500 ml 1000 ml
3.	IV Set / BT Set	18 20 22 24	17.	DNS	500 ml 1000 ml
4.	SV Set	18 20 22 24	18.	5 % Dextrose	500 ml 1000 ml
5.	Spinal needle	23 26	19.	RL	500 ml 1000 ml
6.	Romovac	12 14 16 18	20.	Plain cat gut	1-0 2-0
7.	Foley's catheter	14 16 18 20	21.	Chromic cat gut	1-0 2-0 3-0 4-0
8.	Nelaton's catheter	14 16	22.	Vicryl	1 1-0 2-0 3-0 4-0
9.	Uro bag	- - - -	23.	Sutupak	1 1-0
10.	Ryle's tube	10 12 14 16	24.	Proline	1 1-0
11.	Feeding tube	5 6 7 8 9	25.	Mersilk	1 1-0 2-0 3-0 4-0
12.	TURP set	- - - -	26.	PDS	1 1-0
13.	Endotracheal tube	5 6 7 8 9	27.	Loop Nylon	1 1-0
14.	Disp Syringes	2cc 5cc 10cc 20cc 50cc			

## Hospital Use

T mono eft 200mg -10

Similac 1

T Aceto 100mg 10

Feeding Bolis 1

T Beplex Fort 10

Water Bolis 1

T Pambac 40 5

Pem Perse 1

**SUJATHA MEDICAL & GENRAL STORES**

C/o sujatha hospital,sramika nagar,Old  
Gajuwaka,visakhapatnam-530026,Andhra Pradesh  
Phone:-08912742116,9966554900,Email:-  
sujatha.hospital@gmail.com  
CIN:-NA,GSTIN:-37AITPG2207QIZQ  
DL Nos:-749/AP/V/M/A/2005/R

Pt. Name : D MEENA

Patient ID :0

Mobile No. NA

Bill No. :CA-21602/22-23

Address : NA

Consultant : Dr.M B SUJATHA M.B.B.S.,D.G.O.

Date &amp; Time : 26/11/2022 02:59:22 PM

**Bill of Supply(Cash sale Invoice)**

Sl.No	HSN Code	Drug Name	MFR.	Schedule	Batch	Exp.Date	Qty	Unit Price	Net.Amt
1	3004	BUTODOL 1MG 1ML INJ	MAN31	H	KP094026	0/2024	1	57.60	57.00
2	3004	POWERFLAM	MAN19	Normal	LO42100	7/2024	4	6.38	25.52
3	3004	INJEK AMPULES	MAN31	Normal	1255101	3/2023	1	23.20	23.20
4	90183100	DISPO VAN-1ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	1347429	12/2020	1	9.40	9.40
5	30049099	RANBIOTIC 80MG	RANBAXY GENERICS	H	LCZ0105	10/2024	6	0.20	55.20
6		LYCEFT 1GM INJ	LYKA 7818038	Normal	CDZ22067	7/2024	6	63.75	382.50
7	30049009	PANTAKIND IV	MAN5	Normal	A7MTV041	8/2024	3	55.00	165.00
8	90183100	DISPO VAN 10ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	235106ANM	9/2027	3	10.00	30.00
9	30183100	DISPO VAN 2ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	237024NF1	8/2027	3	4.50	13.50
10	90183100	DISPO VAN 5ML	HINDUSTAN SYRINGES &MEDICAL DEVICES.	Normal	230055NC1	6/2027	3	8.00	24.00
11	30045020	NS 1000ML	MAN25	Normal	1220856	1/2025	1	52.55	52.55
12	30045020	DNS 1000ML	OTSUKA	Normal	1223542	4/2025	1	64.96	64.96
13	30045020	RL 1000ML	OTSUKA	Normal	1225167	6/2025	1	89.55	89.55
14	3004	D5% 500ML (CLARIS)	CLARIS LIFESCIENCES LIMITED	C	1224962	6/2025	2	37.93	75.86
15	30042019	INTAPOD 200MG TAB	MAN24	H1	BT-220606	5/2024	10	34.60	346.00
16		ACEMIZ-100MG	MAN28	H	012E22EL	4/2024	10	6.70	67.00
17	30045090	BEPLEX FORTE TABS	WINTAAS PHARMA	Normal	S04263P	8/2024	10	2.14	21.39
18	30049039	PANTOP-40MG TAB	MAN18	H	SPH221238	2/2025	5	10.33	51.67
19	19011090	SIMILAC ADVANCE 1 200GR	MAN59	Normal	42067MN1	12/2023	1	375.00	375.00
20	401490301	FEEDING BOTTLE (MINI FA)	GENERIC ITEM'S	Normal	0000	5/2026	1	85.00	85.00

Total Amount

2010.90

RoundOff Amount

0.10

Total Payable

2011.00

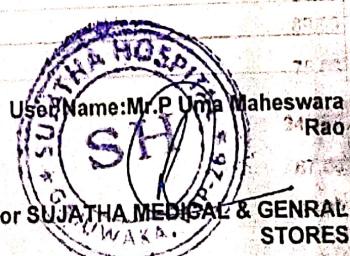
In Words: Two Thousand Eleven Rupees Only

Mode of Payment: By Cash 2011.00-

1.Medicines Can be returned on production of original bill within 7 days of billing date.

2.Please Consult Dr.Before using the medicines

3.All Disputes Subject to Jurisdiction only visakhapatnam



For SUJATHA MEDICAL &amp; GENRAL STORES

FORM - VII [See rules 6]  
GOVERNMENT OF ANDHRA PRADESH  
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT  
DISTRICT REGISTERING AUTHORITY

**CERTIFICATE OF RENEWAL REGISTRATION OF ALLOPATHIC  
PRIVATE MEDICAL CARE ESTABLISHMENTS**

1. Application No. and Date : 3190 / 13.02.2019
2. Original File number of Registration Authority : 126
3. Date of Issue of the Certificate of Registration : 17.12.2009
4. Date of expiry of the Certificate of Registration : 16.12.2014
5. Date of renewal of the Certificate of Registration : 17.12.2014 to 16.12.2019
6. Renewal of Certificate of Registration valid up to : 17.02.2019 to 16.02.2024
7. This is to Certify that the Certificate of Registration issued to  
M/s. Dr.G.T.V.Ramesh, Sujatha Hospital, #6-60-8/9, Sramika Nagar,  
located at Gajuwaka, Visakhapatnam

is here renewed under the provisions of A.P. Allopathic Private Medical Care Establishments /  
Registration and Regulation) Act, 2002, to provide following medical care services :

- i. Hospital, Basic, Speciality
- ii. 50 Beds
8. The Renewal of Certificate of Registration shall be in force for a period of 5 (Five) Years from the date of issue.
9. This Certificate shall be produced whenever it is required to the officer authorised by the Registration authority.
10. The Establishment shall not rent, lend, sell, transfer or otherwise close down the without obtaining prior permission of the registration authority.
11. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.
12. The Establishment shall not violate the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002) as amended from time to time and the rules made there under.
13. This Certificate is Subject to the conditions and the provisions of the A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002)



Signature & Name of the  
**DISTRICT REGISTERING AUTHORITY**

DISTRICT REGISTERING AUTHORITY  
DISTRICT MEDICAL AND HEALTH OFFICE  
(Office) VISAKHAPATNAM