

InPatient Final Bill

Bill Of Supply

Approx Bill No : CAB9
Admission No : IP005000
Patient Name : SINGAM NARAYANA GOUD
Age / Sex : 54Y(s)/Male
Organization : ICICI LOMBARD
Ins Address : Andhra Pradesh
INS GST No : 785412365
TPA Name : ICICI LOMBARD
Consultant : Dr.ADITHIYA
Employee No : 428346
Medical Card No. : IL17411568304

ToBeDischarge : 10-Jul-20
Admitted Dt : 09-Jul-20
UMR No : UMR016181
Emp/Insd Name : SRINIVAS
Admitted Bed : PRIVATE A/C
TPA Address : Andhra Pradesh
TPA GST No : 785412365
Department : GENERAL SURGERY
Employee Name : SRINIVAS
Relationship : Father

Ser. Cd	Services / Investigation	HSN/SAC Code	Qty.	Rate	Amount
Ward Charges					5,000.00
ROOM CHARGES					5,000.00
ROM01	ROOM CHARGES		2 *	1,500.00	3,000.00
ROM12	NURSING CHARGES		2 *	500.00	1,000.00
ROM13	DMO CHARGES		2 *	500.00	1,000.00
Professional Charges					19,705.00
ANAESTHESIOLOGY					2,505.00
DM0005	SHANKAR MITTAPALLY		1 *	2,505.00	2,505.00
CARDIOLOGY					500.00
DM0081	PRUTHVI		1 *	500.00	500.00
GENERAL SURGERY					16,700.00
DM0246	ADITHIYA		1 *	16,700.00	16,700.00
Pharmacy Charges					4,075.52
IP Pharmacy Charges					1,060.21
BIOI59	BIOVIRON-AQ 1ML INJ	3004	2 *	24.00	48.00
CEFI63	CEFBACT 1 GM INJ	30049099	2 *	59.08	118.16
DISS14	DISPOVAN 5ML SYRINGE	9018	6 *	14.00	84.00
DISS15	DISPOVAN 10ML SYR	9018	7 *	22.00	154.00
DISS16	DISPOVAN 2ML	90183100	7 *	10.00	70.00
DNSF23	DNS 500ML	30049099	1 *	33.64	33.64
EMEIO1	EMESSET-2ML INJ	30049099	1 *	12.81	12.81
NS S05	NS 100ML	30049099	2 *	17.33	34.66
PANI16	PANSEC IV 40MG INJ	30049099	3 *	48.79	146.37
REST24	RETYL 0.25MG TAB	30049099	1 *	1.43	1.43
SKII01	SKICEF 1.5 GR (CEFUROXIME) INJ	30049099	1 *	346.00	346.00
T.TM01	T.T INJ(TETANUS VACCINE 0.5ML)	3004	1 *	11.14	11.14
OT PHARMACY CHARGES					3,015.31
3MAS01	3M AVAGARD HAND RUB/	3004	250 *	0.50	125.00
3MAS02	3M AVAGARD CHG 4% W/V	3004	250 *	1.52	380.00
90CI01	100CM*18MTRS. GAUZE	9018	50 *	2.50	125.00

Plot No 50, Towards Sagar Ring Lane T: +91 66 000 108

L. B. Nagar Ring Road
Hyderabad - 500 074. TS.

M: +91 9573 108 108

E: lbnagar@srikarahospitals.com

www.srikarahospitals.com

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Admission No : IP005000

Patient Name : SRIKARA HOSPITALS HYD PVT LTD

Ser. Cd	Services / Investigation	HSN/SAC Code	Qty.	Rate	Amount
ABSS01	COTTON WOOL 500GMS /	9018	250 *	0.60	150.00
BANS03	BANDAGE 6 INCH	30059040	1 *	20.00	20.00
DIAS04	DIATHERMY CATURY PENCILS	90181990	1 *	720.00	720.00
ELAS01	3M ELASTIC DYNAPLASTER	30059040	1 *	1,065.00	1,065.00
HEAS11	HEAD CAP (FEMALE BOUFFANT)	9018	10 *	20.00	200.00
HYDS05	HYDROGEN PEROXIDE 400ML	28470000	1 *	52.00	52.00
LOXI03	LOX 2% 30ML INJ.	30049099	1 *	32.00	32.00
MICS30	MICROPTIC 7.5 NO	4015	1 *	95.00	95.00
NS S03	NS 1000ML	30049099	1 *	51.31	51.31
Service Charges					9,850.00
HOSPITALITY SERVICES					9,850.00
HSP120	OXYGEN CHARGES		1 *	1,500.00	1,500.00
HSP133	OT CHARGES		2 *	1,670.00	3,340.00
HSP33	OT GASES		1 *	2,505.00	2,505.00
HSP37	ANESTHESIA MEDICINE /		1 *	2,505.00	2,505.00
Consultation Charges					1,650.00
GENERAL SURGERY					500.00
DM0246	ADITHIYA		1 *	500.00	500.00
MICRO BIOLOGY					1,150.00
MIC0135	TISSUE CULTURE & SENSITIVITY		1 *	1,150.00	1,150.00
Grand Total Bill Amount					40,280.52
Organization Payable Amount					40,280.52



SRIKARA HOSPITALSPlot No.50, LB Nagar, Ring Road,
Hyderabad-500074.

Tel:040-66000108 Mob:9573108108

DISCHARGE SUMMERY

Patient Name	: Mr. SINGAM NARAYANA GOUD	Admission No	: IP005000
Age/Gender	: 54 Years/Male	UMR No	: UMR016181
Admission Dt	: 09-Jul-2020 9:43 am	Discharge Dt	: 09-Jul-2020 4:59 pm
Consultant	: Dr.ADITHIYA	:	:
Department	: GENERAL SURGERY	Ward	: PRIVATE A/C/408
Patient Address	: HASTINAPURAM HYDERABAD , TELANGANA 9948443672		

CONSULTANTDR.ADITYA.
GENERAL SURGEON.DR.SAHNKAR.
ANAESTHESIOLOGY.**DIAGNOSIS**

-INFECTED SEBACEOUS CYST.

TREATMENT GIVEN

INCISION & DRAINAGE & EXCISION OF CYST underSGA on 09/07/2020.

CHIEF COMPLAINTS

C/O Pain & swelling on upper abdomen since 6 days.

LOCAL EXAMINATION

O/E:

- PUS DISCAHRGE+

-BLEED+

PAST/ PERSONAL H/O

NIL SIGNIFICANT.

INVESTIGATIONS

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Patient Name : Mr. SINGAM NARAYANA GOUD

Admission No : IP005000

ENCLOSED.

COURSE IN HOSPITAL

A male patient aged about 54 years was admitted with above complaints. All necessary investigations were done and diagnosed as INFECTED SEBACEOUS CYST. Patient was advised surgery. All complications of surgery like infection and need for revision surgery have been explained to patient prior to surgery. After PAC and patient underwent INCISION & DRAINAGE & EXCISION OF CYST under SGA on 09/07/2020. Intra and post operative periods were uneventful. During the hospital stay patient was treated with Antibiotics, analgesics, PPI's, etc. Patient recovered well, wound dressing done, wound healthy. Patient is being discharged in a haemodynamically stable condition with the following advice.

ADVICE AT DISCHARGE

ANTIBIOTIC :

1. TAB. FORCEF-CV / CETIL CV 500mg (CEFUROXIME+ CLAVULANIC ACID) TWICE DAILY FOR 10 DAYS AFTER FOOD AT 8A.M. - 8P.M.

ANALGESIC :

2. TAB. ACECLOSER (ACECLOFENAC + SERROTIOPEPTIDASE) TWICE DAILY FOR 10 DAYS / SOS FOR PAIN AFTER FOOD AT 8A.M. - 8P.M.

ANTACID:

3. TAB. PAN 40mg (PANTAPRAZOLE) ONCE DAILY FOR 10 DAYS 30MIN. BEFORE BREAKFAST IN THE MORNING.

OTHERS:

4. TAB. CHYMORAL FORTE THRICE DAILY FOR 15 DAYS AFTER FOOD AT 8AM-2PM-8PM.

REVIEW

Review after 10 days to meet *Dr. ADITYA* in OPD.

FOR EMERGENCY

For Emergencies:

In case of following emergencies kindly report immediately :

1. Severe pain at the operated site.
2. Discolouration and swelling of the operated site.



Patient Name : Mr. SINGAM NARAYANA GOUD

Admission No : IP005000

2. Discolouration and swelling of the operated site.
3. Excessive Bleeding/ Discharge from the operated site.
4. Chest pain.
5. Acute shortness of breath.
6. Altered sensorium.
7. Low urine output in last 24 hours.
8. Nausea, Vomiting, Allergy/Drug intolerance.
9. High grade Fever.

RESIDENT DOCTOR

Dr.

I HAVE UNDERSTOOD THE COURSE IN THE HOSPITAL AND MEDICATIONS & REVIEW EXPLAINED BY
SIS. _____ TO ATTENDER OF PATIENT.

ATTENDERS NAME & SIGN _____

Transcribed By : ROOPA

Resident Doctor

Dr. ADITHIYA
CONSULTANT GENERAL SURGEON



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