

DEPARTMENT C

DISCHARGE

I12000004274-1

NAME	: MR SASWAT SWAIN	HOSPITAL NO	: MH010611229
Age/Sex	: 26 Yrs / Male	IP NO	: I12000004274
Admission Date	: 03/12/2022	Medical Discharge Date	: 07/12/2022
Consultant	: DR. RAJ DEVASHIS CHAKRAVARTY	Department	: ORTHOPAEDICS
PayorName	:	Ward/Bed	: SECOND FLOOR D WING MVB/235-1

DIAGNOSIS

OF ORTHOPAEDICS

DISPLACED COMMINUTED FRACTURE SHAFT RIGHT TIBIA AND FRACTURE PROXIMAL 3RD SHAFT FIBULA.

Fall from a 2 wheeler on 03/12/2022 evening, when a car came and hit from behind.
Sustained injury to the right lower limb and he was unable to walk following the injury.
No h/o LOC, ENT bleed, Vomitting, Seizures.

PAST HISTORY

ASTHMATIC ON INHALERS SOS

SURGICAL/THERAPEUTIC PROCEDURES

CLOSED REDUCTION AND INTERNAL FIXATION OF RIGHT TIBIA SHAFT FRACTURE, DONE UNDER SPINAL ANESTHESIA ON 05/12/2022.

IMPLANTS - SMITH AND NEPHEW IM NAIL, 10 X 340.1
PROXIMAL LOCKING BOLT 45 MM
DISTAL LOCKING BOLTS 35 MM AND 40 MM.

COURSE OF TREATMENT IN HOSPITAL

Patient was admitted in the hospital with above mentioned diagnosis.
After a pre anaesthesia evaluation he underwent the surgery as mentioned above.
Post op patient was under cover of IV antibiotics and analgesics.
Patient is now being discharged in a stable condition with following advice.

FURTHER ADVICE ON DISCHARGE

TAB CEFTUM 500 MG 1-0-1 FOR 5 DAYS AFTER FOOD. (40)

TAB HIFENAC P 1-0-1 FOR 7 DAYS AFTER FOOD. (15)

TAB DOLO 650 MG 1-1-1 FOR 7 DAYS AFTER FOOD. (21)

CAP ESOMAC D 1-0-1 FOR 7 DAYS BEFORE FOOD. (14)

TAB PHLOGAM 2-2-2 FOR 5 DAYS BEFORE FOOD. no stock

CAP BECOSULES ZINC 1-0-0 FOR 1 MONTH AFTER BREAKFAST. Becosules z (30)

TAB HS-CAL OS 0-0-1 FOR 3 MONTHS AFTER DINNER. 30

CAP LUMIA 60,000 UNITS, ONCE WEEKLY FOR 12 WEEKS BEFORE BREAKFAST. D-aise - (4)

CARE OF DRESSINGS - DO NOT GET IT WET.
LIMB ELEVATION OVER PILLOWS.

ACTIVE ANKLE AND TOES MOVEMENTS.
ACTIVE KNEE MOVEMENTS.

NON WEIGHT BEARING WALKING WITH WALKER.

REVIEW WITH DR. SHIVAKUMAR YS, IN ORTHOPAEDICS OPD ON WEDNESDAY, 04/12/2022, AT 10 AM.

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**DR. RAJ DEVASHIS
CHAKRAVARTY**

"MBBS,MS (Orthopaedics),Member of National Academy of Medical Sciences"
Department of ORTHOPAEDICS

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 080 6165 6666.

For any Medical Emergency Dial 080 2222 1111.

MARS 24 X 7 Manipal Ambulance Response Service

For home delivery of medicines & home blood sample collection, please contact - 888 4444 313.

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LIFE'S ON



03/12/2022

Saswat S.

⇒ IM nailing @ tibia.

Code: Asrot
@ Asrot J-206

Implant: 50,000/-

Duration: 4 days.

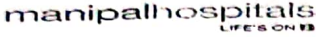
Investigation: 2000/-

— Krishan Jay

Manipal Hospital Varthur Road
Survey No. 10P & 12P, Ramagondanahalli Village, Varthur Hobli, Whitefield, East Taluk,
Bengaluru 560 066, Karnataka P +91 80 6165 6666

Manipal Hospitals Private Limited
(Formerly Columbia Asia Hospitals Private Limited)
CIN: U85110KA2003PTC033055
Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017
P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com

ESTIMATION

	Patient Name	
	Doctor	
	MRN	
	CODE	

Procedure for which estimate is being given	(CRIF) CLOSED TIBIA DIAPHYSEAL ; NAIL
	4 day ward

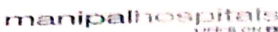
N	Details	Room Type				
		Executive Suite	Superior Single	Single Bedded	Two Bedded	Four Bedded
1	Room Rent	56800	40800	32800	18600	7600
2	Professional fee	45360	45360	41580	38745	37800
3	Nursing charges	21120	21120	16720	9900	8360
4	Medical supplies & pharmacy & Consumables	87,000	87,000	87,000	87,000	87,000
5	IMPLANT	50000	50000	50000	50000	50000
6	Laboratory investigations	25,500	25,500	21,250	18,700	17,000
7	Radiology investigations & Physiotherapy	28,050	28,050	23,375	20,570	18,700
8	BLOOD TRASFUSION	-	-	-	-	-
9	OT, Equipment charges and surgical items	56,640	56,640	47,200	41,536	37,760
	Total	3,70,470.00	3,54,470.00	3,19,925.00	2,85,051.00	2,64,220.00

EXCLUDING EMERGENCY BILL

NOTE:

1. This is only an estimated amount of your hospitalisation deduced in discussion with your treating consultant and average bill patterns.
2. This estimate is based on the number of days of stay as indicated above. Hence, in the event of complications or an unanticipated
3. In the presence of co-morbid conditions, the estimate may increase based on actual cost of investigations and treatment.
4. In case of Multispeciality references the estimation would vary.

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LIFE'S ON

MANIPAL HOSPITAL VARTHUR ROAD
Survey No. 10P & 12P, Ramagondanahalli Village, Varthur Hobli Bangalore 560056
CIN: U8510KA2003PTC033055



ADVANCE RECEIPT

Hosp. No. : MH010611229

Patient Name: MR SASWAT SWAIN

Recpt. No.: MVB/22-23/DP/50096

Date : 03/12/2022 11:49PM

Received with thanks a sum of Rs. 10000.00 (Rupees Ten Thousand only) from MR SASWAT SWAIN towards advance by Online Payment No. *****9104 dated 03/12/2022..

Generated/Printed By
(Jyothi KS)

(Manager)

NOTE:

1. Original Receipt has to be produced for collecting any refunds.
2. Refund above 10,000 will be given by Cheque / NEFT with in two to three working days.
3. Restriction on CASH receipt of Rs 2-lakh or more w.e.f. 01.04.2017, limit applies to single transaction or in aggregate for entire admission (Hospitalization period)

Registered Office : Manipal Hospital Pvt. Ltd.
The Annexe, #96/2, Ruston Bagh, HAL Airport Road, Bengaluru 560 017 | P : +91 80 4936 0300 | www.manipalhospitals.com
CIN : U8510KA2003PTC033055

5. The amounts mentioned above are exclusive of applicable taxes.

5. All surgeries / procedures done after 8:00pm, before 8:00am and on Sundays & Holidays will be charged at 25% extra on -

6. In case of High Risk surgeries / procedures 15% extra will be charged on surgeon fees, operation theatre and anesthesia charges.

7. Dietician charges of Rs.1000/- will be charged once a week.

PLEASE SUBMIT YOUR INSURANCE DOCUMENTS AT THE TIME OF ADMISSION OR 3 DAYS PRIOR TO A PLANNED

SURGERY TO AVAIL CASHLESS HOSPITALISATION FACILITY

In case the outstanding bill amount is over Rs. 50,000; pharmacy items will have to be purchased by patients/ attenders

24 HRS BED CHARGES ADMISSION TO DISCHARGE NO HOURLY CHARGES & HALF DAY CHARGES (ONLY 2 HOURS GRACE TIME. MORE THAN 2 HOURS IT WILL BE FULL DAY CHARGES)

Signature of Patient / Companion

Name

Relationship with the patient (in case of Companion)

GURU

Signature of Billing Executive

Ph: 8884444302

THIS ESTIMATE IS FOR NON COVID19 PATIENTS.FOR ALL COVID 19+ PATIENTS THE APPLICABLE TREATMENT CHARGES SHALL BE AS PER THE DIRECTIVES ISSUED BY THE GOVERNMENT OF KARNATAKA FROM TIME TO TIME TO LAB , RADIOLOGY, MEDICINES & CONSUMABLES WILL BE CHARGED AS PER DOCTOR'S ADVICE ADDITIONAL PPE WILL BE CHARGABLE EXTRA AS PER MRP RATE IF USED, MAY NOT COVER BY INSURANCE