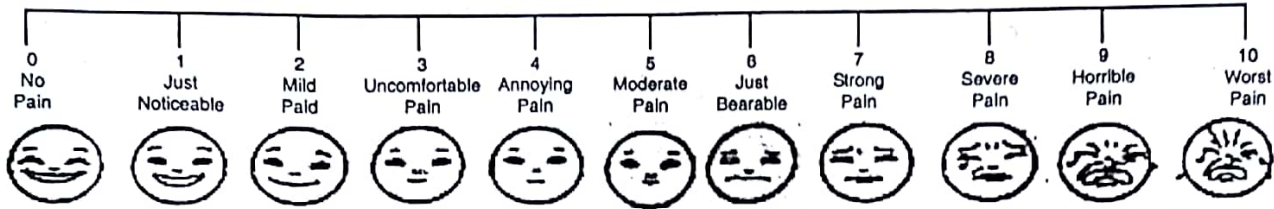




Mythri Hospital

PATIENT'S NAME Mr. Ramesh
AGE 28y SEX M I.P. NO. _____

DOCTOR'S NOTES
PAIN ASSESSMENT SCALE



Date & Time	Clinical Notes & Advice	Investigation Required	Pain Score
<u>6/10/18</u>	<u>E/B Dr. Sangeeta</u>		
	<u>Ch: - Fever since 2 days</u>		
	<u>- Headache - 3 days</u>		
	<u>- Generalised Body pains</u>		
	<u>- Giddiness & weakness</u>		
	<u>- NO known Comorbidities</u>		
	<u>BP - 80/60</u>		
	<u>P/R - 102</u>		
	<u>Temp - 101°F</u>		
	<u>SpO₂ - 99% RA</u>		
	<u>hw</u>	<u>E.</u>	
	<u>- CBP</u>	<u>① Lij. Tamoxifen</u>	
	<u>- COE</u>	<u>② Lij. Paracetamol</u>	
	<u>- Paracetamol</u>		

"CONFIDENTIAL"

DOCTOR'S NOTES



MYTHRI HOSPITAL

(A DIVISION OF SURYAPRAKASH HOSPITALS & DIAGNOSTICS LTD)
Ph: 08455-280108, 280109, Cen : 8098001155

OPD REGISTRATION & CASH RECEIPT

GSTIN:36AAFCS3290L1ZZ

PATIENT NAME : Mr. RAMESH
AGE / SEX : 28Years /Male
MOBILE NO : 9052354822
REF DOCTOR : Hospital

MR.No : OP 67442
BILL DATE : 06/10/2018 /04:58:10
BILL NO. : 56358

DOCTOR NAME : DR. P.SANGEETHA
SPECIALITY : GENERAL PHYSICIAN

PATIENT TYPE : CASH
PAYMENT MODE : CASH

TOTAL AMOUNT : 300

RUPEES IN WORDS : Three Hundred Only

PAID AMT : 300

NOTE :- "Two Free Visits Within 7 Days ."

VINOD
BILLED BY

CASHIER



MYTHRI HOSPITAL

Ph: 08455-280108, 280109, Cell : 8096001155

OPD INVESTIGATION BILL

REQ.NO : OP 93725
PATIENT NAME : Mr. RAMESH
AGE/SEX : 28 / Male
MOBILE NO : 9052354822
REFERRED BY : Hospital
MR NO : 67442
BILL DATE : 6/10/2018 / 5.27 PM
BILL NO : 9356
CONS.DOCTOR. : P.SANGEETHA
PAY MODE : Cash

SNo	TCODE	INVESTGATIONS	RATE
1	HA02	CBP	
2	CP01	CUE	200.00
3	HE24	PARISITE V&F	150.00
MODE OF PAYMENT Cash			350.00
TOTAL AMOUNT :			700.00
AMOUNT IN WORDS Seven Hundred rupees only			PAID AMOUNT : 700.00
			BALANCE : 0.00
CASHIER			VINOD
			BILLED BY

MYTHRI HOSPITAL

(A DIVISION OF SURYAPRAKASH HOSPITALS & DIAGNOSTICS PVT. LTD.)

Door No. 22-99, Kalyani Towers, Opp. Gandemma Temple, Near BHEL Cross Roads, N.H. R.C Puram Road, Hyderabad - 502032.

Ph: 08455-280108, 280109, Cell : 8096001155, E-mail : insurance.mythri@gmail.com

C.I.N. No. : U85110TG1994PTC017918

DEPARTMENT OF LABORATORY MEDICINE

Req No	: 93725	Ipno / MRNo	: 67442 / 67442
PATIENT	: Mr. RAMESH	Bill Date	: 06/10/2018
Age & Gender	: 28 / Male	Sample	: 06/10/2018
Consultant	: P.SANGEETHA	Reported	: 06/10/2018
Patient Type	: OPD	Authorised	: MYTHRI HOSPITAL

HAEMATOLOGY

CBP

Test Name	Observed	Reference Intervals	Units
CBP			
Haemoglobin	14.6	14.0 - 18.0	gm/dL
RBC	4.8	3.1 - 4.3	$10^6/\mu\text{L}$
WBC Count	8700	4000 - 11000	$10^3/\mu\text{L}$
Platelet Count	70,000	1.5 - 4.5	$10^3/\mu\text{L}$
Neutrophils	70	40 - 70	%
Lymphocytes	25	20 - 45	%
Eosinophils	03	0 - 5	%
Monocytes	02	2 - 10	%
Basophils	00	0 - 2	%

Report Checked By Dr Name:

Abnormality Informed to Dr Name:

Report filed with Casesheet By Sister

Dr. Gangadhar MD

Pathologist

Authorised By

Technician

End of the Report

Page 1 of 1

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C.I.N. No. : U85110TG1994PTC017918

DEPARTMENT OF LABORATORY MEDICINE

Req No	: 93725	Ipno / MRNo	: 67442 / 67442
PATIENT	: Mr. RAMESH	Bill Date	: 06/10/2018
Age & Gender	: 28 / Male	Sample	: 06/10/2018
Consultant	: P.SANGEETHA	Reported	: 06/10/2018
Patient Type	: OPD	Authorised	: MYTHRI HOSPITAL

HAEMATOLOGY

PARISITE V&F

Test Name	Observed	Reference Intervals	Units
PARASITE V ND F			
PARASITE - V	NEGATIVE		
PARASITE - F	NEGATIVE		

Report Checked By Dr Name:

Abnormality Informed to Dr Name:

Report filed with Casesheet By Sister

Dr. Gangadhar MD

Pathologist

Authorised By

End of the Report

Technician

Page 1 of 1

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C.I.N. No. : U85110TG1994PTC017918

DEPARTMENT OF LABORATORY MEDICINE

Req No : 93725
PATIENT : Mr. RAMESH
Age & Gender : 28 / Male
Consultant : P.SANGEETHA
Patient Type : OPD

Ipno / MRNo : 67442 / 67442
Bill Date : 06/10/2018
Sample : 06/10/2018
Reported : 06/10/2018
Authorised : MYTHRI HOSPITAL

CLINICAL PATHOLOGY CUE

Test Name	Observed	Reference Intervals	Units
CUE	Pale Yellow	Pale Yellow	
Color	CLEAR		
APPEARANCE	ACIDIC		
REACTION	ABSENT		
SEDIMENT	1.010		
SP.GRAVITY	NIL		
ALBUMIN	NIL		
SUGAR	NEGATIVE		HPF
KETONE	3 - 4 /HPF		HPF
PUS CELLS	2 - 3 /HPF		HPF
EPITHELIAL CELLS	NIL		
RBC CELLS	NIL		
Others			

Report Checked By Dr Name:

Abnormality Informed to Dr Name:

Report filed with Casesheet By Sister

Dr. Gangadhar MD

Pathologist

Authorised By

Technician

End of the Report

Page 1 of 1



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Ph: 08455-280108, 280109, Cell : 8096001155, E-mail : insurance.mythri@gmail.com

C.I.N. No. : U85110TG1994PTC017918

DEPARTMENT OF GENERAL PHYSICIAN DISCHARGE SUMMARY

Patient Name	: Mr. RAMESH	IP.NO	: IP 12814
Age/Sex	: 28 Years / Male	MR.NO	: MR 67453
Consultant Name	: P.SANGEETHA	Room No/Type	: 40 / SHARING
Department	: GENERAL	D.O.A	: 06/10/2018
Address	: BEERAMGUDA	D.O.D	: 09/10/2018
		Phone Number	: 9052354822

Consultant : P.SANGEETHA
Speciality : GENERAL PHYSICIAN

Final Diagnosis: VIRAL PYREXIA WITH HYPOTENSION WITH
THROMBOCYTOPENIA

History: COUGH WITH EXPECTORATION SINCE 3 DAYS
FEVER WITH CHILLS AND RIGORS X 2 DAYS
HEADACHE WITH NAUSEA

General Systematic Examination:

O/E: , Temp: 101 , BP: 80/60
PR: 112 , CVS:S1S2+, Lungs: BAE+ ,
P/A: SOFT

Investigations: REPORTS ENCLOSED

Course In the Hospital: PATIENT ADMITTED WITH ABOVE MENTIONED COMPLAINTS WITH LOW PLATELET COUNT (70000) INITIALLY TREATED WITH ANTIBIOTICS, ANTIBIOTICS, ANTACIDS, IV FLUIDS, AND EVEN UNDERWENT NECESSARY INVESTIGATIONS DURING COURSE OF TREATMENT PATIENT IMPROVED WELL WITH NO FURTHER FEVER AND INCREASE IN PLATELET COUNT HENCE DISCHARGING IN STABLE CONDITION WITH FOLLOWING ADVICE.

Discharge Advise: TB.MOXIKIND CV 625 BD X 5 DAYS
TB.PAN 40MG BEFORE FOOD X 5 DAYS
TB.DOLO 650MG TID X 5 DAYS
TB.NEURORICH FORTE OD X 10 DAYS
TB.MONTEK LC OD BEFORE FOOD X 7 DAYS
SYRUP LUPITUS 2TSP TID
REVIEW AFTER 7 DAYS

When And How Obtain Urgent Care:
CONTACT CMO: 9246391534

EMERGENCY CONTACT NO: 040-44664040



MS NORMAL SALES-0

91804090064573 APOLLO ADVANTAGE CC-102
2018-10-09 15:51:43
001 9052354822
ch ramesh
2012614255 FTID:0
DAS ABANIKUMAR

BEERAMBUDA

BEERAMBUDA

7993072616
TG/17/01/2015-8377 & 8378
36AACA5443N1ZJ

5	MONTEK LC TAB	30049099	PHAR	ENT1269	FEB-20	H S	13.70	6.00	6.00	61.16	68.50
5	MPX CV 625MG TAB	30041090	RD D	BT170926	MAY-19	N S	13.40	6.00	6.00	59.62	67.00
5	DOLG-630MG	30049061	O LA	DOB61119	MAY-22	H S	1.93	6.00	6.00	8.62	9.65
5	PAN 40MG TAB 15s	30049039	M LA	B442390	DEC-20	H S	9.20	6.00	6.00	41.07	46.00
1	LUFITUSS COUGH SYRUP 100	30042019	N PH	PLBL1816	DEC-19	H S	103.00	6.00	6.00	91.96	103.00

Apollo Pharmacy
Beerambuda, ... 2041

ESY12% CBST:15.76 GBST:15.76 294.15

54335

294.15