

Shirisha

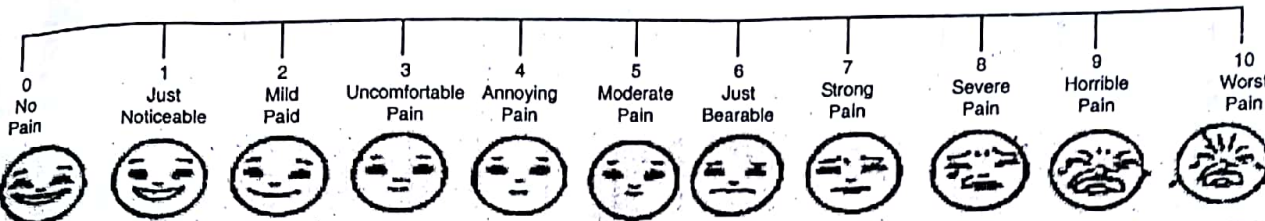


Mythri Hospital

PATIENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ I.P. NO. \_\_\_\_\_

DOCTOR'S NOTES  
PAIN ASSESSMENT SCALE



Date & Time	Clinical Notes & Advice	Investigation Required	Pain Score
29/10/18	<p>Clt - fever &amp; chills &amp; rigors - 2d Dry cough &amp; Body pain</p> <p>Pt. comes with Temp - 98.6 Pulse - 96 CVS - S1, S2 Normal Resp - Bil. CRs NAD. Adv - CBP, CVG PU &amp; Pfortn PIA &amp; NAD CNS ARTI.</p>		
Repeat CBP tomorrow morning	<p>① 16 Ceftriaxone x 5 days ② 16. Dolobro x 5 days</p>		

"CONFIDENTIAL"

P. 10







# MYTHRI HOSPITAL

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

Door No. 22-99, Kalyani Towers, Opp. Gandemna 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 : 95376  
PATIENT : Mrs. SHIRISHA  
Age & Gender : 21 / Female  
Consultant : P.SANGEETHA  
Patient Type : OPD  
Ipno / MRNo : 68502 / 68502  
Bill Date : 29/10/2018  
Sample : 29/10/2018  
Reported : 29/10/2018  
Authorised : MYTHRI HOSPITAL

### HAEMATOLOGY

#### CBP

Test Name	Observed	Reference Intervals	Units
CBP			
Haemoglobin	10.7	12.0 - 16.0	10 <sup>6</sup> /μL
RBC	3.8	3.1 - 4.3	10 <sup>3</sup> /μL
WBC Count	4,900	4000 - 11000	10 <sup>3</sup> /μL
Platelet Count	1.3	1.5 - 4.5	%
Neutrophils	70	40 - 70	%
Lymphocytes	22	20 - 45	%
Eosinophils	02	0 - 5	%
Monocytes	06	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

End of the Report

Technician

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### CLINICAL PATHOLOGY CUE

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

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Age & Gender	: 21 / Female	Sample	: 29/10/2018
Consultant	: P.SANGEETHA	Reported	: 29/10/2018
Patient Type	: OPD	Authorised	: MYTHRI HOSPITAL

### HAEMATOLOGY PARASITE 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

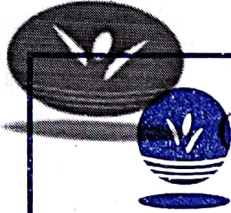
Pathologist

Authorised By

End of the Report

Technician

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# MYTHRI HOSPITAL

(A DIVISION OF SURYAPRAKASH HOSPITALS & DIAGNOSTICS LTD)  
Ph: 08455-280108, 280109, Cell: 9958001155

## OPD REGISTRATION & CASH RECEIPT

GSTIN:36AAFCS3290L1ZZ

PATIENT NAME	: Mrs. SHIRISHA	MR.No	: OP 68502
AGE / SEX	: 21Years /Female	BILL DATE	: 29/10/2018 /12:51:10
MOBILE NO	: 9052354822	BILL NO.	: 57771
REF DOCTOR	: Hospital		

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

PATIENT TYPE	: CASH	TOTAL AMOUNT	: 300
PAYMENT MODE	: CASH		

RUPEES IN WORDS	Three Hundred Only	PAID AMT	: 300
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NOTE :- "Two Free Visits Within 7 Days ."

10ADI  
BILLED BY

CASHIER



# MYTHRI HOSPITAL

Ph: 08455-280108, 280109, Cell : 8096001155

## OPD INVESTIGATION BILL

REQ.NO	:	OP 95376	MR NO	:	68502
PATIENT NAME	:	Mrs. SHIRISHA	BILL DATE	:	29/10/2018 / 1.00 PM
AGE/SEX	:	21 / Female	BILL NO	:	10762
MOBILE NO	:	9052354822	CONS.DOCTOR.	:	P.SANGEETHA
REFERRED BY	:	Hospital	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
TOTAL AMOUNT			700.00
AMOUNT IN WORDS			Seven Hundred rupees only
PAID AMOUNT			700.00
BALANCE			0.00
CASHIER			10ADI
			BILLED BY



# MYTHRI HOSPITAL

Bill No **5541**

CASH / CREDIT BILL


Date 29-10-18

Name Sirisha Room No. ....

Doctor ..... INDENTING PERSON.....

Sl. No.	PARTICULARS	Qty.	B.No. Exp.	Unit / Rate	Amount
	Pan-40			56 /	

D.L. No : 283/HD/AP/98-GR  
R.C. No : PJT/06/1/3659/96-97  
CST No : PJT/06/1/2667/96-97

  
Cashier



MYTHRI HOSPITAL

DL NO: 20/TG-17-01-2016-20540

DL NO: 21/TG-17-01-2016-20541

Patient Name : SIRISHA

**PHARMACY OPSALES BILL RECEIPT**  
GST NO:36AAFCS3290L1ZZ

Mehdipatnam, Hyderabad-500020,  
Ashok Nagar, Hyderabad-502032

Bill Date : 29/10/2018  
Bill No : 18018159

S.NO	QTY	MEDICINE NAME	BATCHNO	EXPDT	MRP	Total
1	10	CEFTAS 200MG TAB 10 S	X55103	30/06/2020	7.85	78.50
2	15	DOLO 650MG TAB 15 S	DOBS1109	30/04/2022	1.94	29.10
3	6	MEFTAL FORTE TAB 10 S	ZGT1887	30/06/2021	3.50	21.00
Total amount		: 128.60	Net Amount	: 128.60	Paid amount	: 129.00
Return Can be taken with in 7 days						
BILLED BY				NIRMALA		