

NAKSHATRA HOSPITAL

Opp. to SBI Bank, Thurkappally (V&M), Yadadri Bhongiri District, T.S.
Cell: 7093939205

SURGICAL CASE SHEET

Case Sheet No: SCS1174-59

Date: 22/08/2025

Name: mr Saideep Ashala

Husband/Father Name:

Religion: Indian

Nationality:

Age: 12 years

Sex: male

Address: M Thurkappay

Village: M thurkapally

District: Yadadri

Diagnosis:

Nature of Operation:

Complaints & Duration:

History of Present Illness:

NAKSHATRA HOSPITAL

CONSENT FOR SURGERY

I hereby give consent for the surgical procedure as explained to me.

I understand the risks and benefits associated with the procedure.

Patient/Guardian Signature: _____

Date: _____

Doctor Signature: _____

PRE-OPERATIVE PREPARATION & INSTRUCTION:

PROGRESS NOTES

Date	Time	Progress Notes	Doctor Sign

OPERATION & ANAESTHESIA RECORD

INVESTIGATION:

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EXAMINATION:

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OPERATION:

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ANAESTHESIA:

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POST OPERATIVE INSTRUCTIONS:

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NURSING NOTES

[illegible]