

# NAKSHATRA HOSPITAL

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

## SURGICAL CASE SHEET

Case Sheet No: SCS1174-34

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:**

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## 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

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## 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]