

YASHODA HEALTHCARE SERVICES PVT LTD

GST No : 36AABCD6598G1ZC

CIN NO : U45200TG1993PTC016175

PAN NO : AABCD6598G

BILL OF SUPPLY / INVOICE NO : ICO6032280

NAME : MRS SHAIK BEGAM

AGE/SEX : 52 Year / F

IP NO : 61558

YH No : 600181258

D O A : 07-02-2025 10:04

D O D : 11-02-2025 11:40

CONSULTANT : Dr.SAI THIRUMAL RAO VEERLA(ORTHOPAEDIC SURGEON)

COMPANY : Family Health Plan Limited

TOKEN NO

GSTIN :

SAC: 9993 - Healthcare Services

Description of Healthcare Services

AMOUNT

PATIENT DIET

2,250.00

DOCTOR FEES

6,000.00

SURGERY PACKAGE

442,000.00

MEDICAL APPLIANCES

153,960.00

TOTAL AMOUNT : 604,210.00

GST : 1590.00

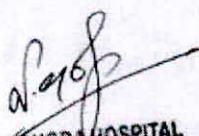
TOTAL AMOUNT + GST : 605,800.00

YASHODA HEALTHCARE SERVICES PVT LTD

Name : MRS SHAIK BEGAM

IP No : 61558

Description		Charged Amount
1	PATIENT DIET PATIENT DIET	3 Day(s) X 750.00 2,250.00
	Sub Total ...	2,250.00
2	DOCTOR FEES DR.VIDYA TICKOO	2 Visit(s)X 3000.00 6,000.00
	Sub Total ...	6,000.00
3	SURGERY PACKAGE TOTAL KNEE REPLACEMENT - RIGHT TOTAL KNEE REPLACEMENT - LEFT	YSSH-PVT 221,000.00 YSSH-PVT 221,000.00
	Sub Total ...	442,000.00
4	MEDICAL APPLIANCES COST OF IMPLANTS	YH-2019 153,960.00
	Sub Total ...	153,960.00
	Grand Total ...	604,210.00
	GST :	1590.00
	Net Amount :	605,800.00


YASHODA HOSPITAL
10th YASHODA HEALTH CARE SERVICES PVT. LTD
Survey No. 41/14, JNTU to Hitech City Main Road,
Yashoda Hospital, Khairatabad, Hyderabad

TAX INVOICE

HORIZON MEDICAL SUPPLIES

H.NO.1-1-151/LG-2,
SAI RAM TOWERS,ALEXANDER ROAD,
KALASIGUDA,SECUNDERABAD-03.

PHONE :
STATE CODE:36

D.L.NO 20B : TS/HYD/2022-95306
D.L.NO 21B : TS/HYD/2022-95306
GST NO : 36AAPFH1824E1ZH
E-MAIL: horizonmedicalsupplies1@gmail.

To :YASHODA HOSPITAL - CENTRAL STORE HI-TECH
.No.2-41/14, LOWER GROUND FLOOR
HITECH CITY
JNTU TO HITECH CITY ROAD
R.R.DIST.,TELANGANA

TaxInvNo : H018736
InvDate : 08/02/2025
DL Nos : TS/RR/2023-107484
Gst : 36AABCD6598G1ZC
Type : Credit
ACK DATE:

ACK NO:

IRN NO:

SNO	MFG	CODE	PRODUCT NAME	PACK	HSNCODE	QTY	FRE	BATCH	EXPD	M.R.P	RATE	AMOUNT	GST%
1	BIO	3653	EXCEL MEDI PVT - FEM-B-RIGHT		90219090	1		3653240014	10/29	0.00	34419.05	34419.05	5.0
2	BIO	3654	EXCEL MEDI PVT - FEM-D-LEFT		90219090	1		3654240017	10/29	0.00	34419.05	34419.05	5.0
3	BIO	4056	EMP-TIBIAL TRAY-2		90219090	1		4056240018	11/29	0.00	22612.38	22612.38	5.0
4	BIO	4057	EMP-TIBIAL TRAY-3		90219090	1		4057240025	09/29	0.00	22612.38	22612.38	5.0
5	BIO	3788	E M P INSERT-R-BC-12-7MM		90219090	1		3788240009	10/29	0.00	12710.48	12710.48	5.0
6	BIO	3708	E M P-INSERT-L-DE-34-8M		90219090	1		3708240001	12/28	0.00	12710.48	12710.48	5.0
7	VAN	66057851	PALACOS R X 40GMS		30064000	2		71601360	05/29	0.00	0.01	0.02	5.0

Patient:SHAIK BEGUM
Ip No :61558
Note :DC NO-12549

GST%	TAXABLE	CGST TAX	SGST TAX	No.of Items:	No.of Units:	Tcs per%	Tcs Amount :	SubTotal:	Less Disc:	GST Amt:	(-/+)Adjust:	Rounding:
0% :	0.00			7	8	0.000	0.00	139483.84	0.00	6974.18	0.00	-0.02
5% :	139483.84	3487.09	3487.09									
12% :	0.00	0.00	0.00									
18% :	0.00	0.00	0.00									
28% :	0.00	0.00	0.00									

One Lakhs Forty Six Thousand Four Hundred Fifty Eight Rupees Only

NET PAYABLE: **146458.0**

The goods supplied in this invoice do not contravene
section 18 of the drugs & cosmetics act 1940.E.&O.E.

For HORIZON MEDICAL SUPPLIES

TAX INVOICE**HORIZON MEDICAL SUPPLIES**

H.NO.1-1-151/LG-2,
SAI RAM TOWERS,ALEXANDER ROAD,
KALASIGUDA,SECUNDERABAD-03.

PHONE :

STATE CODE:36

D.L.NO 20B : TS/HYD/2022-95306

D.L.NO 21B : TS/HYD/2022-95306

GST NO : 36AAPFH1824E1ZK

E-MAIL: horizonmedicalsupplies1@gmail.

To :YASHODA HOSPITALS HITECH
YASHODA HOSPITAL IP-PHARMACY
D.NO. 2-41/14 , 8TH FLOOR ,
KHANAMET VILLAGE , JNTU TO HITCK CITY RO
R.R.DIST. , TELANGANA

TaxInvNo : H000171

InvDate : 04/04/2024

DL Nos : 20-TS/RR/2022-936

Gst : 36AABCD6598G1ZC

Type : Credit

IRN NO:

ACK NO:

ACK DATE:

SNO	MFG	CODE	PRODUCT NAME	PACK	HSNCODE	QTY	FRE	BATCH	EXPD	M.R.P	RATE	AMOUNT	GST%
1	VAN	66057861	PALACOS R+G 40MG		30064000	7		68141311	03/27	0.00	4704.76	32933.32	5.0
2	VAN	66057861	PALACOS R+G 40MG		30064000	1		68141311	03/27	0.00	4704.76	4704.76	5.0
3	SHA	1816	CEMENT RESTRICTOTR		90211000	5		KU007H233	08/26	0.00	2380.95	11904.75	5.0
4	BEL	2500MDP	PULSAVAC (2500M-DP-STO1Z-CT02Z) 1's		90183990	25		2311-13	10/26	0.00	6696.43	167410.75	12.0

Patient:

Ip No :

Note :DC NO : 13386

GST%	TAXABLE	CGST TAX	SGST TAX	No.of Items:	No.of Units:	Tcs per%	Tcs Amount :	SubTotal:	Less Disc:	GST Amt:	(-/+)Adjust:	Rounding:
0%	0.00			3	38	0.000	0.00	216953.58	0.00	22566.44	0.00	-0.02
5%	49542.83	1238.58	1238.58									
12%	167410.75	10044.65	10044.65									
18%	0.00	0.00	0.00									
28%	0.00	0.00	0.00									

Two Lakhs Thirty Nine Thousand Five Hundred Twenty Rupees Only

NET PAYABLE: 239520.0

The goods supplied in this invoice do not contravene
section 18 of the drugs & cosmetics act 1940.E.&O.E.

For HORIZON MEDICAL SUPPLIES

DEPARTMENT OF ORTHOPEDIC
DISCHARGE SUMMARY

Name	: MRS. SHAIK BEGAM	Date of Admission	: 07/FEB/2025
IP. No	: 61558	Date of Surgery	: 07/FEB/2025
Age	: 52 Year (s) Female	Date of Discharge	: 11/FEB/2025
Address	: W/O MR MASTAN ABOD MJ LAKE VIEW AMEENPUR SANGAREDDY TELANGANA PHONE : 9959662816	Type	: FAMILY HEALTH PLAN LIMITED

YH. No : 600181258

CHIEF CONSULTANTS :

DR. SAI THIRUMAL RAO VEERLA

MS (Ortho) Fellowship in Arthroscopy & Sports Medicine
(Cardiff ,UK) Fellowship in Arthroplasty (Germany) Dip. in
Sports Medicine (Int. Olympic committee)
Consultant Orthopaedic Surgeon
Reg No:73564

Email: veerla.sai@gmail.com

DR. VISHWANATH MAHADEVUNI

MS (Ortho) (Osmania)
Fellowship in pelvic acetabular trauma (AIIMS)
fellowship in Arthroplasty
trauma & orthopaedic surgeon

REFERRAL CONSULTANT: **DR. VIDYA TICKOO**

MBBS, DNB, (Internal Medicine) Dr NB (Endocrinology) - (Gold Medalist) Consultant Endocrinologist & Diabetologist

DIAGNOSIS :

BILATERAL KNEE GRADE 4 OSTEOARTHRITIS

SURGERY :

BILATERAL TOTAL KNEE REPLACEMENT DONE ON 07.02.2025

CHIEF COMPLAINT:

complaints of bilateral knee pain since two months, aggravated on standing.

HISTORY OF PRESENT ILLNESS:

Mrs. Shaik Begam, a 52 year old lady came to our hospital with complaints of bilateral knee pain since two months, aggravated on standing. Patient was admitted here for further management.

Allergies: No known allergies

PAST HISTORY : Nothing Contributory

PERSONAL / FAMILY HISTORY : Nothing Contributory

Physical Examination :

General Examination :

Temp: 98.6°F

PR: 82/min

BP: 110/80mm Hg

RR: 20/min

SPO₂: 98% at room air

Systemic Examination :

RS: Bilateral air entry adequate

CVS: S1+, S2+

P/A: Soft, BS+

CNS: No focal neurological deficit

INVESTIGATIONS :

08/02/2025

HAEMOGRAM

HAEMOGLOBIN	9.30	g/dl
TOTAL RBC COUNT	4.26	million/cu mm
PACKED CELL VOLUME (P C V)/HCT	30.70	%

RBC INDICES

(Calculated Parameters)	.	
Mean Corpuscular Volume (M C V)	72.10	fL
Mean Corpuscular Hemoglobin (M C H)	21.80	pg
Mean Corpuscular Hemoglobin Concentration (M C H C)	30.3	g/dl
Red Cell Distribution Width (RDW-CV)	16.80	%
PLATELET COUNT	3.46	lakhs/cu mm
Mean Platelet Volume (M P V)	9.20	fL
TOTAL WBC COUNT	13820	cells/cu mm

DIFFERENTIAL COUNT

Neutrophils	84.20	%
Lymphocytes	8.80	%
Eosinophils	0	%
Monocytes	6.90	%
Basophils	0.10	%

ABSOLUTE COUNTS

Neutrophil	11630	cells/cu mm
Lymphocyte	1210	cells/cu mm
Eosinophil	0	cells/cu mm
Monocyte	960	cells/cu mm

Basophil	20	cells/cu mm
PERIPHERAL SMEAR		
RBC Morphology	Normocytic normochromic anemia with anisocytosis, microcytes	
W B C	Neutrophilic leucocytosis	
Platelets on Smear	Adequate	
09/02/2025	THYROID STIMULATING HORMONE (TSH)	
THYROID STIMULATING HORMONE(TSH)	0.63	ÅµIU/mL

Radiology Reports:

08/02/2025

RADIOGRAPH KNEE AP & LAT

Bilateral Post total knee replacement status with prosthesis in situ.
Bone prosthesis interface appears normal.

SUMMARY OF HOSPITAL COURSE:

Mrs. Shaik Begum came to our hospital with complaints of bilateral knee pain since two months, aggravated on standing. Patient was admitted here for further management. Patient was admitted with provisional diagnosis of Bilateral knee osteoarthritis, advised and planned for surgery.

After pre operative workup and pre anaesthetic checkup patient was taken up for Bilateral Total Knee replacement on 07/02/2025. Intra and post operative periods were uneventful. Patient was stabilized in post operative ward.

During hospital stay patient was treated with IV antibiotics, analgesics, antiemetics, IV fluids and other essential treatment.

Patient is being discharged in haemodynamically stable condition with the following advice.

RECOMMENDATIONS AT DISCHARGE:

S.NO	DESCRIPTION	DOSE	ROUTE	TIMINGS	DURATION
1.	TAB ZOCEF-CV	500MG	PER ORAL	TWICE DAILY	5 DAYS
2.	TAB PANTOCID	40MG	PER ORAL	ONCE DAILY	1 MONTH
3.	TAB STACHI-XT	1 TAB	PER ORAL	ONCE DAILY	1 MONTH
4.	TAB UPRISE D3	1 TAB	PER ORAL	ONCE WEEKLY	1 MONTH
5.	TAB HIFENAC-P	1 TAB	PER ORAL	TWICE DAILY	5 DAYS

6.	TAB ULTRACET	1 TAB	PER ORAL	TWIC DAILY	5 DAYS
7.	TAB THYRONORM	50MCG	PER ORAL	ONCE DAILY	TO CONTINUE
8.	TAB GEMER DS1	1 TAB	PER ORAL	ONCE DAILY BEFORE BREAKFAST	TO CONTINUE
9.	TAB SITATRACK-M	50/500MG	PER ORAL	ONCE DAILY AFTER DINNER	TO CONTINUE
10.	TAB. ELIQUIS	5MG	PER ORAL	ONCE DAILY	FOR 15 DAYS.
11.	TAB. GABATIN GRS	300MG	PER ORAL	ONCE DAILY	FOR 10 DAYS.

Physiotherapy:

Full weight bearing with support.

Knee ROM / pressing

Ankle ROM / pump

REVIEW :

Review after 5 days in OPD with Dr Sai Thirumal.

Review after 7 days in Dr Vidya Tickoo OPD with FBS and PPBS reports

In case of To report to us immediately if any time you have severe pain, redness and swelling in the operative site, fever, discharge of fluid/blood from the wound (unlimited time), please report to emergency room in ground floor of this Hospital (or) call Emergency room Telephone No.040-67232324

For **Note:** Please collect all the pending reports from the dispatch counter(Ground Floor) prior to review with your consultant Doctor

One free review consultation with the chief consultant will be permitted with in 10 days of discharge from the hospital.

For **Review visits** contact **040-4567 4567 (24hrs)** for prior appointments.

RESIDENT

CONSULTANT

Patient / Attendant acknowledgment

I acknowledge that i have been explained in my understandable language about the post discharge care instructions, the medications, the diet to be taken at home and when to obtain urgent care (If needed).

Name: _____

Signature: _____

If by attendant, relationship : _____

Discharge Summary Explained by

Clinical Pharmasist :

DMO / Incharge Sister :