



SHOP NO 10,11,BEVERLY PARK, PLOT NO 20 SECTOR - 6,PALM BEACH,
NAVI MUMBAI,NAVI MUMBAI-400706,MAHARASHTRA

RTGS / NEFT IFSC : HDFC0004435

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D D M M Y Y Y Y
Valid for 3 months only

Pay

Rupees रुपये

अदा करें

₹

A/c. No.
चालू नं.

50100303349087

Brn: 4435 Pdt:161
SB A/C

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

RAGHUNATH DASHRATH KATE

Please sign above /नीचे यहाँ हस्ताक्षर करें

■■■ 00000 19 ■■■ 400 240 1930 00 2860 ■■■ 31

RK10

PART - A CLAIM FORM
TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability
 (To be filled in block letters)

DETAILS OF PRIMARY INSURED									
a) Policy No.	1316004820251652 b) SI. No./Certificate No.								
c) Company/TPA ID No.									
d) Name	SANDHYA RAGHUNATH KATE								
e) Address	KL 4 29 18 SECTOR 04 G KALGAMBOLI TEL - PANVEL NAVI MUMBAI								
City	RAJGAD								
State	MAHARASHTRA								
Ph. No.	8652100377 Pin Code 410218, Email ID dragunathkate@gmail.com								

DETAILS OF INSURANCE HISTORY									
a) Currently covered by any other Mediclaim/Health Insurance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
b) If yes, Company Name	ORIENTAL INSURANCE								
Policy No.	1316004820251652 Sum Insured (₹)								
c) Date of commencement of first Insurance without break	/ / (Copies of Policies to be attached)								
d) Have you been hospitalized in the last 4 years? (since inception of the contract)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Date / /		Diagnosis			
e) Have you been covered by any other Mediclaim/Health Insurance in last 4 years	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
f) If yes, Company Name									

DETAILS OF INSURED PERSON HOSPITALIZED									
a) Name	SANDHYA RAGHUNATH KATE								
b) Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	c) Age	years	months	d) Date of Birth	20/06/2001			
e) Relationship to Primary insured	Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/>	Other <input type="checkbox"/>	Child <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>				
f) Occupation	Service <input type="checkbox"/>	Self-Employee <input type="checkbox"/>	Homemaker <input type="checkbox"/>	Student <input checked="" type="checkbox"/>	Retired <input type="checkbox"/>				
Address (if different from above)	A7 PARKANDI POST MALA WADAJ TAL-MAN								
City	SATARA								
State	MAHARASHTRA Pin Code 415508								
Ph. No.	8652100377 Email ID								

DETAILS OF HOSPITALIZATION									
a) Name of Hospital where Admitted	ACCIDENT HOSPITAL VASUJ								
b) Room Category occupied	Day Care <input type="checkbox"/>	Single occupancy <input type="checkbox"/>	Twin sharing <input type="checkbox"/>	3 or more beds per room <input checked="" type="checkbox"/>					
c) Hospitalization due to	Injury <input type="checkbox"/> Maternity <input type="checkbox"/>								
d) Date of Injury/Date of Disease first detected/Date of Delivery									
e) Date of Admission	06/02/2025 f) Time	g) Date of Discharge	10/02/2025 h) Time	14					
i) If injury give cause	Self-inflicted <input type="checkbox"/> Road Traffic Accident <input checked="" type="checkbox"/>								
Substance Abuse/Alcohol consumption	i. if Medico Legal <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
ii. Reported to police	ii. Date of Discharge 14 FEB 2025 iii. NLC Report & Police FIR attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
j) System of Medicine									
k) Date of Surgery	l) Claim Intimated <input type="checkbox"/>								
i. Intimated to whom	SBU <input type="checkbox"/>	Intermediaries <input type="checkbox"/>	Call Center <input type="checkbox"/>	Health Claims Team					
ii. Intimation No. & date	180020200000 RECEIVED 04/02/2025								
iii. If not Intimated, reason?									

DETAILS OF CLAIM									
a) Details of the treatment expenses claimed									
i. Pre-hospitalization Expenses	ii. Hospitalization Expenses								
iii. Post-hospitalization expenses	iv. Health-Checkup Cost								

v. Ambulance Charges			vi. Others (code)				
vii. Pre-hospitalization period	Days	9	Total				
			viii. Post hospitalization period	days			
b) Claim for Domiciliary Hospitalization	Yes	No	(If yes, provide details in annexure)				
c) Details of Lump sum/cash benefit claimed							
i. Hospital Daily Cash			ii. Surgical Cash				
iii. Critical Illness Benefit			iv. Convalescence				
v. Pre/Post hospitalization Lump sum benefit			vi. Others				
Total							
Claim Documents Submitted - Check List				Operation Theatre Notes			
Claim Form Duly signed				ECG			
Copy of the claim intimation				Doctor's request for investigation			
Hospital Main Bill				Investigation Reports (CT/MRI/USG/HPE)			
Hospital Break - up Bill				Doctor's Prescriptions			
Hospital Bill Payment Receipt				Pre-Hosp. Bills			
Hospital Discharge Summary				Post-Hosp. Bills			
Pharmacy Bill				Others			

DETAILS OF BILLS ENCLOSED					
Sl. No.	Bill No.	Date	Issued by	Towards (Hospitalization/Pre-hospitalization/ Post-hospitalization	Amount (₹)
1	305	06/02/2025			800
2	4822	06/02/2025			6566.16
3	4827	07/02/2025			1775.51
4	11778	07/02/2025			1453.
5	4838	08/02/2025			478.48
6	4836	09/02/2025			410.04
7	11903	10/02/2025			273.92
8	901	10/02/2025			332.00
9		/ /			
10		/ /			

Do you want to opt for Automatic Reinstatement of Sum Insured in the event of a claim? If, Yes, applicable premium at short period rates would be deducted from the claim amount due to you. This reinstated sum will not be available for the same hospitalization. It will be available for treatment (other than certain chronic diseases) including the same illness or disease but separate independent case of hospitalization which are not case of relapse within 45 days of first hospitalization. Please contact the agent/our office for further details:

Yes No

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT (Please submit a cancelled cheque copy for NEFT)					
a) PAN	M0YPK7871R	b) Account Number	50100303349082		
c) Bank Name and Branch	PLDT NO 20		SEC 6 PALM BEACH		
d) Cheque/DD Payable details	000019	e) IFSC Code	HDFC0004435		

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/Insurance company, to seek necessary medical information/documents from any hospital/Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

DECLARATION BY THE INSURED

Place: Kalambodi

Date: 13/02/2028

Signature of the Insured

Important:

1. Please submit copy of valid Photo ID.
2. For claimed amount above 1 lac, it is mandatory to submit the KYC (Know your customer) form.

CLAIM FORM - PART B
TO BE FILLED IN BY THE HOSPITALThe issue of this Form is not to be taken as an admission of liability
Please include the original preauthorization request form in lieu of PART A

(To be filled in block letters)

DETAILS OF HOSPITAL

a) Name of the hospital: ACCIDENT HOSPITAL VADUJ

b) Hospital ID: c) Type of Hospital: Network Non Network (If non network fill section E)

d) Name of the treating doctor: NAMDAR AJIT ARUN MIDDLE NAME

e) Qualification: M.B.B.S. D.Ortho f) Registration No. with State Code: MMCG61241 g) Phone No. 02161231333

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient: KATEAMESANDHYA RATHNATH DODDE NAME

b) IP Registration Number: 20251025 c) Gender: Male Female d) Age: Years 24 Months 08 e) Date of birth: 20/06/2001

f) Date of Admission: 06/02/25 g) Time: 11:00 h) Date of Discharge: 06/02/25 i) Date of Delivery: 00/00/0000

Type of Admission: Emergency Planned Day Care Maternity k) If Maternity l) Gravida Status:

i) Status at time of discharge: Discharge to home Discharge to another hospital Deceased m) Total claimed amount

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
i. Primary Diagnosis:		Fracture forearm - older left ulnar -	i. Procedure 1:		ORIF. 802 Frimalleolar
ii. Additional Diagnosis:		- older left ulnar -	ii. Procedure 2:		17 Post-malleolar CCS.
iii. Co-morbidities:		ankle .	iii. Procedure 3:		27 Lat malleolar nail.
iv. Co-morbidities:		—	iv. Details of Procedure:		37 medial malleolar C
		—			Scrobo .
		—			

j) Pre-authorization obtained: Yes No e) Pre-authorization Number: f) If authorization by network hospital not obtained, give reason: g) Hospitalization due to Injury: Yes No i. If Yes, give cause Self-inflicted Road Traffic Accident Substance abuse / alcohol consumption ii. If injury due to Substance abuse / alcohol consumption, Test Conducted to establish this: Yes No (If Yes, attach reports) iii. If Medico legal: Yes No iv. Reported to Police: Yes NoFIR no. vi. If not reported to police give reason: AS IT IS. Self jail not reported to Police.

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Claim Form duly signed | <input type="checkbox"/> Investigation reports |
| <input type="checkbox"/> Original Pre-authorization request | <input type="checkbox"/> CT/MR/USG/HPE investigation reports |
| <input type="checkbox"/> Copy of the Pre-authorization approval letter | <input type="checkbox"/> Doctor's reference slip for investigation |
| <input type="checkbox"/> Copy of photo ID card of patient verified by hospital | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Hospital Discharge summary | <input type="checkbox"/> Pharmacy bills |
| <input type="checkbox"/> Operation Theatre notes | <input type="checkbox"/> MLC report & Police FIR |
| <input type="checkbox"/> Hospital main bill | <input type="checkbox"/> Original death summary from hospital where applicable |
| <input type="checkbox"/> Hospital break-up bill | <input type="checkbox"/> Any other, please specify |

DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital: ACCIDENT HOSPITAL VADUJ - PUSHTAKAON ROAD
City: VADUJ State: MAHARASHTRA
Pin Code: 4115506 b) Phone No. 02161231333 c) Registration No. with State Code: SAG/12

d) Hospital PAN: AACPI1616A e) Number of Inpatient beds: f) Facilities available in the hospital: Yes No M.B.B.S. D. Ortho Yes No

iii. Others: VADUJ



Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Accident Hospital, Vaduj

(PLEASE READ VERY CAREFULLY)

GUIDANCE FOR FILLING CLAIM FORM – PART B (To be filled in by the hospital)

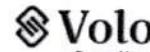
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF HOSPITAL		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether In network or non network hospital	Tick the right option
d) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualifications of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
SECTION B – DETAILS OF THE PATIENT ADMITTED		
a) Name of Patient	Enter the name of hospital	Name of hospital in full
b) IP Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of admission	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter time of admission	Use hh:mm format
h) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
i) Time	Enter time of discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
m) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
SECTION C – DETAILS OF AILMENT DIAGNOSED (PRIMARY)		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported To Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open Text
SECTION D – CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E – DETAILS IN CASE OF NON NETWORK HOSPITAL		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
d) Hospital PAN	Enter the permanent account number	As allotted by the Income Tax department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign and stamp		



Oriental
insurance

Poly. Agm. Jit. Adish. Sot. In suryahe Narmi pali

Member ID : VOLO02333361
Name : Sandhya Raghunath KATE
DOB/Gender : 20-06-2001 (Female)
Relation : SPOUSE
Employee ID : 9052182
Policy No. : 131600/48/2025/1652
Plan Period : 03-01-2025 TO 02-01-2026
Organization : Navi Mumbai Municipal Transport Contractual Employees



By your side

4381

INSTRUCTION:

- For Planned hospitalization the Pre-authorization is compulsory from Volo prior to planned admission and within 24 hours from admission for emergencies.
- Kindly submit a copy of this card & photo ID proof such as voter ID, Driving License, Passport etc. at the Network Hospital for the cashless facility.
- In case of Reimbursement of claim kindly collect all necessary documents from the hospital for early Claim settlement.
- All terms and conditions of the policy shall be applicable.
- Please refer to the policy terms and conditions for further details.
- For any Claim related assistance please contact our TPA on the mentioned numbers.

E-mail : crmmumbai2@volohealthtpa.com | Tollfree No. 1800202030

Volo Health Insurance TPA Pvt. Ltd.

(East West Assist Insurance TPA Pvt. Ltd.)

Unit No 902/A, Sumer Plaza, Marol Maroshi Road, Andheri East

Mumbai - 400059



By your side

S. R. KATE



S.R. Kate

R Treatment Advised :

- Tab. Ligozac 1 Bid
- Tab. Minad P.M 1 tab.
- Tab. Pan 1 Bid

Follow up :

15/02/2025

Dr. Ajit A. Inamdar
M.B.B.S, D. Ortho
Reg. No. 61241
Accident Hospital, Vaduj

ACCIDENT HOSPITAL, VADUJ

Dr. Nita A. Inamdar
B.A.M.S.



Dr. Ajit A. Inamdar
M.B.B.S., D.O.Rt

DISCHARGE CARD

I.P.D. No. 2025/25

Name: Sandhya Raghunath Katre
C (Sawant)

Age: Sex: f

Address: Parakandi SW-Man
Dist-Satara.

Diagnosis: # Torn malleolar (R.)

Dt. of Admission : 06/02/2025

Dt. of Operation : 07/02/2025

Dt. of Discharge : 10/02/2025

Investigations:

- CBC
- BSL
- RUL
- S. Coagulase
- HbU.

Treatment Given:

- Metformin
- IV. Fluids
- Glucometer
- Insulin
- GCS

Operation Notes:

Exf. due to

AFB

Post procedure - 29 min CCS
x. Infection. 2 Litr.
x. Infection. 2 x amcs.
x. Infection. 2 x amcs.

ACCIDENT HOSPITAL

VADUJ, (SATARA)

Ph : (02161) 231333

Bill No.

901

Date :

10/02/2020

Patient's Name : Sandhya Raghunath Kate

Address : Paracandi Sal-man Dist-Satara

D.O.A.- 07/02/2020 D.O.D.- 10/02/2020 Indoor No. 2020120

	Particulars	Amount
1	Registration	—
2	Room Charges for 3 days @ Rs. 500/-	1500/-
3	Nursing Charges @ Rs. for days	—
4	Dr's visits/Consultations Dr. daily 500/- x 3 days	1500/-
5	Operating charges	2000/-
6	Assistant's charges	—
7	Operation Theatre charges	3000/-
8	Anaesthetist's charges Dr.	400/-
9	Anaesthesia Drugs, O.T.Drugs, Suture Material etc. char.	—
10	Implants & / Other Material (s)	2500/-
11	I. V. Infusions and/or Blood Transfusions	—
12	Disposable Material	—
13	Hospital's Drugs, Medicines, Suture Material etc. char.	—
14	Dressing and/or Plaster Charges	400/-
15	Laboratory Charges	—
16	Special Investigation Charges	—
17	X-Ray Charges	300/-
18	Miscellaneous	—

In Words Thirty Three Thousand and Two Hundred ONLY

Total - 33,200/-

Less Adv. - —

Total - 33,200/-

Due - —

Sign. of Patient

Dr. Ajit A. Inamdar
M.B.B.S. D. Ortho
Sign. & Stamp No. 60241
Accident Hospital, Vaduj



सातारा लॅबोरेटरी

VADUJ Tal-Khatav,(Satara) Ph.:- (02161) 232417,231417 Cell:- 9422400102

Dr.Pachakawade S.N M.D.(path.)
(Consultant Pathologist.) Reg.No.67517

Mr.Sanjay M. Jadhav
M.Sc.(Clinical Micro)

Mrs.Sunita S. Jadhav
B.Sc.B.M.Tech.(Pune)

Pt Name	- Mrs. Sandhya R Kate	Age / Sex	-	Yrs. / F
Reff. by	- Dr. Ajit Inamdar MB.D.ORTHO.	Date	-	06/02/2025 12:0

Normal Range

BIOCHEMICAL TEST REPORT

Blood Glucose (Random)	:	99	mg/dl	70 - 140
S. Creatinine	:	0.83	mg/dl	0.7 - 1.4
HIV (I&II) Test	Non-Reactive			

Method: Tests were performed using Automated Biochemistry analyser Humastar 200.Human (Germany)

ACCIDENT HOSPITAL, VADUJ

Vaduj, Tal. Khatav Dist. Satara

02161-231333

RECEIPT

No. 128

Date : 10/02/2025

Received from Sandhy. Raghu Nath Kate.

In words Rs. Thirty Three Thousand and Two hundred Only

By Cheque/Cash _____ of Full/Part Payment.

Thank You !

Rs.

33,200/-



Affman dan
Dr. A. A. Inamdar
M.B.B.S. D. Ortho
Reg. No. 61241
Accident Hospital, Vaduj



Sagar Laboratory

VADUJ Tal-Khatav,(Satara)

Ph.:-(02161) 232417 , 231417 Cell:- 9422400102

CASH-MEMO

No. 305

Date:- 6 / 2 / 2025

Received with thanks from

Mrs. Sandhya R Kunte
Tests: Hemogram & Blood sugar
Smt. Wadhwani, New Tech
Rs. Eight Hundreds only

Charges	Paid	Balance
800	800	NRY

सागर लैबोरेटरी

दहिवडी रोड, वडूज ता. खटाव जि. सातारा

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ

TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE

Cash Memo NT-11903

Doctor : DR.A.A.INAMDAR (MBBS D OR .

Date : 10/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
ORGIN	3004	LIZONIA 600MG TAB	TAB	UGT-231476B	11/25	5	199.65
STASH	3004	MINAC PLUS TAB	TAB	BT-350	09/26	4	44.00
ALEM	3004	PENTAB 20MG TAB	TAB	EV4007011	09/26	5	30.27

Net Amt : 273.92

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE

Cash Memo

SDH1-4836

Doctor : DR.A.A.INAMDAR (MBBS D OR .

Date :: 09/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
HMD	3004	DISPO VAN 10ML	PCE	4470515R2	10/26	2	26.00
HMD	3004	DISPO VAN 2ML	1'S	4422515L1	09/29	2	16.80
ARIST	3004	MIKACIN 500MG INJ	2 ML	BLK240485	09/27	2	227.50
ARIST	3004	MONOCEF 1G INJ	VIAL	GB16K344	03/27	2	139.74

Net Amt :: 410.04

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

Bengal

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE

Cash Memo

SDH1-4835

Doctor : DR.A.A.INAMDAR (MBBS D OR .

Date :: 08/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
HMD	3004	DISPO VAN 10ML	PCE	447051SR2	10/26	2	26.00
HMD	3004	DISPO VAN 2ML	1'S	442251SL1	09/29	2	16.80
ARIST	3004	MIKACIN 500MG INJ	2 ML	BLK240485	09/27	2	227.50
ARIST	3004	MONCEF 1G INJ	VIAL	GB16K344	03/27	2	139.74
BAXTER	3004	NS 100ML (BAXTER)	100ML	050624203	01/27	1	22.04
NEON	3004	JUSTIN INJ 1ML	1ML	PPUAK109	02/26	2	46.40

Net Amt :: 478.48

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

Rangay

Other medical stores

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE
Doctor : DR.A.A.INAMDAR (MBBS D OR .

Cash Memo NT-11778

Date : 07/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
HMD	3004	KIT KATH NO 22	1 NOS	34263N	09/28	1	100.00
TOP	3004	SPINAL NEEDLE NO 23	1'S	3D05S	03/28	1	167.00
TOP	3004	SPINAL NEEDLE NO 25	1'S	3M20S	10/28	1	183.00

Net Amt : 450.00

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE

Cash Memo NT-11781

Doctor : DR.A.A.INAMDAR (MBBS D OR .

Date :: 07/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
ETHIC	3004	VICRYL 2/0 (NW 2382)	1 NDS	T4006	02/29	1	953.00
ARIHA	3401	HYDROGEN PEROXIDE 400M	400ML	N1566	03/26	1	50.00

Net Amt : 1003.00

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

Bengal
Pharmacist's Signature

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE

Cash Memo SDH1-4827

Doctor : DR.A.A.INAMDAR (MBBS D OR .

Date : 07/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
HMD	3004	DISPO VAN 10ML	PDE	447051SR2	10/26	2	26.00
HMD	3004	DISPO VAN 2ML	1'S	442251SL1	09/29	3	25.20
ARIST	3004	MIKACIN 500MG INJ	2 ML	BLK240485	09/27	2	227.50
RIST	3004	MONOCEF 1G INJ	VIAL	GB16K344	03/27	2	139.74
BAXTE	3004	NS 100ML (BAXTER)	100ML	D50624203	01/27	1	22.04
NEON	3004	JUSTIN INJ 1ML	1ML	FPUAK109	02/26	1	23.20
NEON	3004	NEOMOL IV 100ML	100ML	T383L552	06/26	1	522.00
ORGIN	3004	LIZONIA 600MG TAB	TAB	UGT-231476B	11/25	10	399.30
STASH	3004	MINAC PLUS TAB	TAB	BT-350	09/26	15	165.00

Net Amt ::

Pharmacist's Signature

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name :: SANDHYA RAGHUNATH KATE KOKARALE

Cash Memo SDH1-4827

Doctor : DR.A.A.INAMDAR (MBBS D OR .

Date : 07/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
MIRA	3004	TRYLAS BR TAB	TAB	LGM08/281E31	07/25	10	165.00
ALEMB	3004	PENTAB 20MG TAB	TAB	EV4007011	09/26	10	60.53

Net Amt :: 1775.51

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

Bergade

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name : SANDHYA RAGHUNATH KATE KOKARALE Cash Memo SDH1-4822
 Doctor : DR.A.A.INAMDAR (MBBS D DR . Date : 06/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
HMD	3004	KIT KATH ND 22	1 NOS	34263N	09/28	1	100.00
BIGE	3004	ATROPINE INJ 1ML	1ML	IAPE-407	04/26	2	9.60
BIGE	3004	PAINTAWIN INJ	1ML	IPZH405	07/26	2	120.00
NEON	3004	ANAWIN HEAVY 4ML INJ	4 ML	KP1713744	12/25	1	33.00
TOP	3004	SPINAL NEEDLE ND 23	1'S	3D055	03/28	1	167.00
ABBOT	3004	NICODIN 10% SOL	100ML	NSK0227	10/26	1	107.52
HMD	3004	DISPO VAN 10ML	PCE	447051SR2	10/26	2	26.00
HMD	3004	DISPO VAN 2ML	1'S	442251SL1	09/29	2	16.80
ARIST	3004	MONOCEF 1G INJ	VIAL	GB16K344	03/27	2	139.74

Net Amt :

Pharmacist's Signature

RAJIS MEDICAL & GEN STORES

NEAR ACCIDENT HOSPITAL VADUJ TAL-KHATAV(SATARA).

Name : SANDHYA RAGHUNATH KATE KOKARALE Cash Memo SDH1-4822
 Doctor : DR.A.A.INAMDAR (MBBS D DR . Date : 06/02/2025

Comp	HSN	Item Name	Pack	Batch	Exp	Qty	Amount
ARIST	3004	MIKACIN 500MG INJ	2 ML	BLK240485	09/27	2	227.50
3M IN	3004	FULL GOWN	PACK	072407	06/27	2	1440.00
SURGI	3004	PLAINSHEET D301	1 NOS	2408DE0	07/29	2	258.00
SURGI	3004	HIP U DREPE D501	PACK	2409AAD	08/29	1	1831.00
ETHIC	3004	VICRYL 2/0 (NW 2382)	1 NOS	T4006	02/29	1	953.00
ETHIC	3004	ETHILON 2/0 NW3336 RC	1 NOS	V4078	02/29	1	275.00
SURGI	3004	30CMX30CMX12 PLY MOB	PACK	SMDXP0604	03/27	3	555.00
POLY	3004	URINE BAG	1 NOS	AL/23H02	07/26	1	170.00
RUSCH	3004	RUSCH CATHETER ND 14	1	P22K05	10/27	1	137.00

Net Amt : 6566.16

D.L.NO.20STR 252127,21STR 252129,20C STR 252128

SUBJECT TO VADUJ JURISDICTION

For RAJIS MEDICAL & GEN STORES

Bergi

ऑफिसिडेंट हॉस्पिटल वडूज (सातारा)

डॉ. सौ. निता इनामदार

बी. ए. एम. एस.

वेळ - सकाळी ९० ते १

◆ रविवार बंद ◆



डॉ. अजित इनामदार

एम. बी. बी. एस., डी. आर्थो.

रजि. नं. ६९२४७

०२९६९-२३९३३३

Pt. Name _____ Age _____ दिनांक : ०७।०२।२०२५

Sandhya Patel (Sawant).

- १m. manocen १८ - ३
- १m. milcaein - २
- Tab. Uzogaine ८०mg - ~~१०~~ + ~~५~~
- १m. minae pim - ~~५~~ + ~~५~~
- १m. rivenz - ~~१०~~
- Tab. panzome - ~~१०~~ + ~~५~~
- १v. nes - १०
- १m. carmin - ६
- १m. Paracetam - १०

(Signature)

08/02/2025

- Im. Monocryl 1G - Θ (2)
- Im. Mikaelin - Θ (2)
- v.v.s - Θ
- Im. Vicryl - Θ

Ajith A. Inamdar

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Vaduj

09/02/2025

8-30 P.M

- Im. Monocryl 1G - Θ
- Im. Mikaelin - Θ

Ajith A. Inamdar

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Accident Hospital, Vaduj

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Accident Hospital, Vaduj

Accident Hospital, Vadu
Reg. No. 61241

* મરા જાતીય કોન્ફેડેન્ચ સિલ્વિયન. * અજીવ શિક્ષણ બિનાનું કોન્ફેડેન્ચ ઓફિચિયલ.

Dr. Ajit A. Inamdar

Chittaranjan

Accident Hospital, Vadu
Reg. No. 61241
M.B.B.S. D.O.M.
Ortho. D.G.B.A.M

Dr. Ajit A. Inamdar

Chittaranjan

— 16 —
Pan — 16 —
Dr. Vaidhini — 16 —

PASSION GYM

SOMBHUJI JI

— 16 —

06/02/2025

— 16 —
Pan — 16 —
Pan — 16 —

Pt. Name Sardharu. Sardharu. Age — વર્ષ: 01/102/2025

♦ પ્રાપ્તિક પત્ર ♦

ગૃહ - કાંઠાં 90 વિ. 9

ગૃહ. ગી. ગી. ગી. ગી. ૩૧૮૭.

ગૃહ. ગી. ગી. ગી. ગી. ૩૧૮૭.



ગૃહ. ગી. ગી. ગી. ૩૧૮૭

ગૃહ. ગી. ગી. ગી. ગી. ૩૧૮૭

06/02/2025

- Inhaler no-20 -①
- Im. Allopine -②
- Im. Fomacin -②
- Im. Semoracaine -⑤
- LP Needle -⑥
- Novocaine Solution -①
- Im. mivacaine -③
- Im. milcaein -②
- Sheet -②
- gown -③
- Oldape -①
- vinyl no-20 -①
- Etilon no 2-0 -⑦
- Mop -③.
- Vrassae -①
- Foley's catheter -①

03/02/2025

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

No. 61241

Accident Hospital, Vaduj

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Accident Hospital, Vaduj

- Im. mivacaine -③
- Im. milcaein -②
- Im. paracetamol -⑥
- Im. pramolin -①
- Im. propolin -①
- Tab.

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

No. 61241

Accident Hospital, Vaduj



सागर लॉबोरेटरी

VADUJ Tal. Khatav (Satara) Ph. : (02161) 232417, 231417 Cell : 9422400102

Dr. Virendra S. Jadhav
M.B.B.S.

Mr. Sanjay M. Jadhav
M.Sc. (Clinical Micro)

Mrs. Sunita S. Jadhav
B.Sc.B.M. Tech (Pune)

NAME :- **Mrs. Sandhya R Kate**

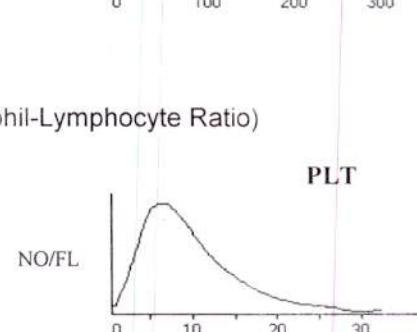
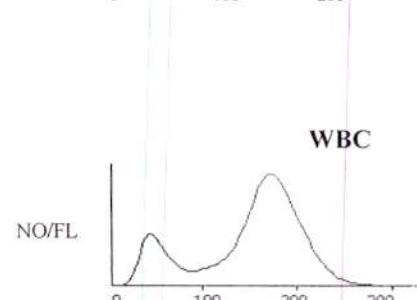
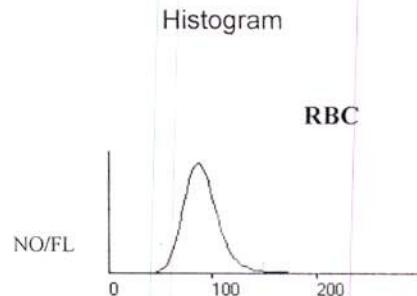
Age/Gender Yrs. /F

REF. BY :- Dr. Ajit Inamdar MB.D.ORTHO.

Date :- 06/02/2025 12:08 pm

HAEMOGRAM

Test	Result	Units	Normal Range	Histogram
Haemoglobin	10.4	gm%	11.2 - 15.7	
RBC Count	- 3.50	mill/cu mm	3.93 - 5.22	
PCV	- 32.2	%	37 - 48	
MCV	- 92	fL	76 - 100	
MCH	- 29.7	Pg	27 - 32	
MCHC	- 32.3	%	32 - 36	
RDW CV	- 13.9	%	11.0 - 14.5	
RDW SD	- 42.5	fL	35 - 56	
WBC Count	- 7900	/cu mm	3900 - 10000	
Neutrophils	- 67	% (5293 /Cmm)	34 - 71.1	
Lymphocytes	- 29	% (2291 /Cmm)	19.3 - 51.7	
Eosinophils	- 03	% (237 /Cmm)	0.7 - 5.8	
Monocytes	- 01	% (79 /Cmm)	4.7 - 12.5	
Basophils	-	(0 /Cmm)		
NL - Ratio	- 2.31		0.78 - 3.53 (Neutrophil-Lymphocyte Ratio)	
Platelet Count	- 162000	/cu mm	173000 - 369000	
PCT	- 1.55	%	0.07 - 1	
MPV	- 9.6	fL	6.4 - 10.4	
PDW	- 16.5	%	10 - 15	
P-LCR	- 25.6	%	13 - 43	
P-LCC	- 42	/cu mm		
PL - Ratio	- 55.86		36 - 172 (Platelet-Lymphocyte Ratio)	
E.S.R.	- 32	mm at 1Hr.	1 - 20	



Peripheral Smear Examination

RBC Morphology - Normochromic, Normocytic

WBC Morphology - Within Normal Limits

Platelets - Adequate



- Haematology - XP 100, Sysmex, Mispa Count xplus
- Biochemistry - Fully Auto Humastar 200, Human
- Automated Semen analyser - SQA-iO
- Coagulation - KC1, Delta, Sigma
- Nephelometer - Mispa i2, Agappe



- Blood Gas Analyser - i stat 1, Abbott
- Electrolyte Analyser - Prolyte, Diamond
- Fluorescent Microscope - QBC
- Nyocard reader - rapid Diagnosis
- Blood Storage Centre



Collection Centre :-

• MDI Lab Mumbai

• Metreopolis

• Religare

Time : 8 a.m. to 8 p.m.

Note : Result of any Investigation must be interpreted by medical doctor & with clinical findings along with other required investigations as any investigations are having limitation & should be taken an aid to diagnosis, these are only laboratory & Technical test result.

Dr. Ajit A. Inamdar
M.B.B.S. D.O.M.R.
Reg. No. 61241
Accident Hospital, Vaduj

After treatment



otherwise in first hospital

27 She was not under influence of alcohol when

to set fire while answer

17 The cause of injury is hard blunt trauma due

In this hospital on 06/02/2020 and discharge on 10/02/2020

acute perforative transmucosal @ auste. She was admitted

female from Parachuri, Baran. 1014 - 50000. won.

This is to say that Sunday afternoon come 24th

CERTIFICATE

Pt. Name _____ Age _____ Date: 10/02/2020

♦ ગ્રામપાલ ♦

ગ્રામ - ગુજરાત ૭૦ ફે ૬

ગ્રામ, ગ્રામ, ગ્રામ, ગ્રામ, ગ્રામ,

ગ્રામ. ગ્રામ ગ્રામ



જી. ગ્રામ. ગ્રામ. ગ્રામ.

ગ્રામ - ગુજરાત ૭૦ ફે ૬

♦ ગ્રામપાલ ♦

ગ્રામપાલ ગુજરાત ગ્રામ (અનુભૂત)



सत्यमेव जयते

S.K.N.P GENERAL HOSPITAL, SATARA.

HEALTH DEPARTMENT
FORM C

Certificate

Certificate of registration Section 5 of the
Bombay Nursing Homes Registration Act 1949

No.: SAT / 12

This is to certify that Shri. / Smt. Dr. Ajit Arun Inamdar
has been registered under the Bombay Nursing Homes Registration Act 1949 in
Respect of ACCIDENT HOSPITAL
situated at Vaduj Tal. Khatav, Dist. Satara
and has been authorised to carry on the said nursing home For 10 Beds.

Registration No. : SAT/ 12

Date of Registration : 14/12/2022

Place : Satara

Date of Issue of Certificate : 12/1/2023

This Certificate of registration shall be valid up to 31st March 2025

- Subject to conditions all staff management, all types of Govt. approvals, Bio-Medical Waste Management, Electric Safety etc.
- Subject to conditions fire N. O. C. of Directorate of Maharashtra fire services submit within 24 months from issue date, otherwise this certificate expires.

The name of Local Supervising Authority,
Swargiya Krantisinha Nana Patil General Hospital,
Satara

A. Inamdar
Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Accident Hospital, Vaduj

Civil Surgeon,
S.K.N.P. General Hospital. Satara.

8348932
12/23



संग्रहालय / Form A

विवाह नोंदवणीचे प्रमाणपत्र

(पंच कालम ६(१) आणि नियम ५)

Certificate of registration Marriage

[See section 6 (1) and Rule 5]

प्रमाणित करण्यात आला आहे / Certified that, the marriage between

पतीचे नाव

२०१२/१३८

Name of the husband

राज्याचा

राज्याचा नाव. डॉ. हर्षला. टी. शास्त्री, गो. राजापूर.

residing at

आणि वावीचे नाव

१९०११ विवाही साली

and name of the wife

राज्याचा

मु.प्र. कोकडी, गो. राजापूर.

residing at

यांचा विवाह दिनांक / solemnized on

२३.०६.२०१४.

रोजी (ठिकाणी) at (place)

श्रीभाई मंडळ कार्यालय निरुद्ध. ना. संसदी निरुद्ध

येथे विधी संपन्न झाला, त्याची महाराष्ट्र विवाह मंडळाचे विनियमन आणि विवाह नोंदवणी विभाग, १९९८ अन्वरी

टेवण्यात आलेल्या नोंदवणीच्या घडकामात.

९

व्या अनुक्रमाकृ

३

माझ्याकडून नोंदवणी करण्यात आली आहे

वर दिनांक २६ / ६ / १५ रोजी

is registered by me on

at serial No

volume

of register of Marriages maintained under the Maharashtra

Regulation of Marriage Bureaus and Registration of Marriages act, 1998.

मोहोर
Seal

स्थान / Place : पुराणी. टी. शास्त्री.

— डॉ. हर्षला. टी. शास्त्री

तारंत्र / Date : २६/६/२०१४

विवाह निवारक / Registrar of Marriage

—
संही | Signature

S. R. Kate



सागर लॉबोरेटरी

Mr. Sanjay M. Jadhav

M.Sc. (Clinical Micro)

पेडगाव रोड, वडूज, ता. खटाव, जि. सातारा

Ph.: (02161) 232417, 231417 Cell: 9422400102

Email:- sanjayjadhav0407@gmail.com

Mrs. Sunita S. Jadhav

B.Sc. B.M. Tech (Pune)

Patient's Name : Sandhy Sawant (Care)

Age : _____ Sex : M / F

Contact No. : _____

Clinical Diag : _____

Ref. By Dr. : Ajit A. Inamdar

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Date: 06 / 02 /2021 Accident Hospital, Vaduj

For Lab Use Only

Sample in -

EDTA / Plain / Citrate / Heparin / Fluoride

Sample Collected by _____

Date _____ Time _____

Total	Paid	Balance	Report Time
_____	_____	_____	_____

◆ LABORATORY TIMINGS : 8 am. to 8 pm.

◆ SUNDAY : 8 am. to 2 pm.

CLINICAL PATHOLOGY

- Urine Analysis
- Urinary Pregnancy Test
- Stool Analysis
- Semen Analysis
- Body Fluids
- C.S.F. Examination
- Plural/Ascitic/ Synovial
- Pericardial Fluid
- C. S. F. Examination
- Routine/ADA/ Malignant cells

SEROLOGICAL TESTS

- VDRL/TPHA
- Widal Test
- Ra Test
- ASO Test
- CRP Test
- ANA ELISA
- Antinuclear Antibody (ANA)
- Anti ds DNA
- HLA-B 27
- P-ANCA/C-ANCA
- Protein Electrophoresis

HIV RELATED TESTS

- HIV Elisa
- Western Blot Test
- CD4 & CD8 Counts
- Test for anti H.pylori

TUBERCULOSIS

- Tuberculin (Mantoux) Test
- TB Culture (Radiometric)
- ADA Test (Serum/CSF/Fluid)
- TB Gold

MICROBIOLOGY

- Complete Sputum Exam
- For AFB
- For Gram Stain
- For KOH Preparation
- Throat Swab for KLB
- Skin Clip for Lepra bacilli
- Culture & Sensitivity Test of

HAEMATOLOGY

- ✓ Haemogram/CBC
- Haemoglobin
- WBC (Tc & Dc)
- E.S.R.
- R.B.C. Count
- PCV
- Absolute Eosinophil Count
- Platelet Count
- M.P. by QBC
- Peripheral Smear Exam
- Retic Count
- Blood Group & Rh
- BT & CT
- Prothrombin Time with INR
- APTT/PTTK
- SICKING Test
- Cllomb's Test (Direct)
- Cllomb's Test (Indirect)
- L.E. Phenomenon

ANAEMIA

- Peripheral Smear Exam
- Hb Electrophoresis/Foetal Hb
- Serum Iron/TIBC/Ferritin
- Serum B 12/Folic Acid

INFECTION DISEASES

- Dengue Antibody Test
- Chikungunya Antibody Test
- Leptospira Antibody Test
- Test for Brucellosis
- Well Felic Test
- Toxo Test IgG/IgM
- Herpes Antibody Test

HEPATITIS MATKERS

- Australia Antigen
- Hepatitis A (Anti HAV IgM)
- Hepatitis E (Anti HEV IgM)
- Hepatitis C (Anti HCV IgM)

CLINICAL BIOCHEMISTRY

- ✓ Blood Glucose F/PP/R
- GTT
- Glycosylated HB
- Blood Urea
- ✓ Creatinine
- Lipid Profile
- Cholesterol
- HDL Cholesterol
- VLDL
- Liver Function
- Bilirubin(T&D)
- S.G.P.T/S.G.O.T
- Alkaline Phosphatase
- Proteins-Total & Albumin
- GGTP
- Sodium/Potassium/ Chlorides
- Blood Gas Analysis
- Uric Acid
- Amylase / Lipase
- Lithium
- Calcium/Ionic Calcium
- Phosphorus
- Magnesium
- Ammonia
- Cholinesterase
- CK Total (CPK)

CARDIAC MARKERS

- CK (MB)
- LDH
- Troponin I/T
- Homeocystiene

GENETIC TESTS

- Tripple Test
- (1st/2 nd Trimester)
- Karyotyping (Couple)
- For Infertility/BOH
- Products of Conception
- _____
- _____
- _____

ENDOCRINOLOGY

- T3/T4/TSH
- Free T3/Free T4
- Ultra TSH
- FSH/LH/Prolactin
- E2 (Oestradiol)
- E3 (Oestradiol)
- Beta HCG
- Alpha/Fetoproteins
- Progesterone
- Serum Cortisol(Am/Pm)
- Urinary VMA
- Vit-B12
- Vit-D3

BOTH TESTS

- Troch IgG/IgM
- Toxoplasma IgG/IgM
- Rubella IgG/IgM
- Herpes IgG/IgM
- Anticardiolipin IgG/IgM
- Lupus Anticoagulant
- DHEA-SO4
- AMH
- Anti Phospholipid IgG/IgM
- ANA

TUMOUR MAKERS

- Alfa - Fetoprofins
- B-hCG
- PSA (Prostate Total)
- CA-125 (Ovary)
- CA-15.3 (Breast)
- CEA (GI Tract)
- CA-19.9 (Pancreas)

OTHER TEST

- PAP Smear Exam.
- Spearm Wash
- _____
- _____
- _____

ACCIDENT HOSPITAL, VADUJ



Dr. Ajit A. Inamdar

M.B.B.S., D.Ortho
R. No. 61241

Dr. Sou. Neeta A. Inamdar

B. A. M. S.

OPERATION NOTES

NAME OF THE PATIENT: Sandhya Raghunath Icate

AGE:

SEX: F

I. P. D. NO. 2025125

NAME OF THE OPERATION: ORIF

DATE OF OPERATION 07/02/2021

TIME 9:30 A.M.

SURGEN - 1 Dr. Inamdar

SURGEN - 2

ASSISTANT - 1 Sadan

ASSISTANT - 2

ANASTHETIST - Dr. Ranganathan

TYPE OF ANAESTHETIA - GA

PREOPERATIVE DIAGNOSIS - # Fracture Right Trimalleolar Fracture

POST OPERATIVE DIAGNOSIS -

OPERATIVE PROCEDURE PROPOSED - ORIF

OPERATIVE PROCEDURE - ORIF

POSITION - Lct lateral or Supine

FINDINGS - Intraoperative

Dr. Ajit A. Inamdar

M.B.B.S. D. Ortho

Reg. No. 61241

Accident Hospital, Vaduj

After trauma

Dr. Ajit A. Inamdar
M.B.B.S. D. Ortho
Reg. No. 61241
Accident Hospital, Vaduj

After trauma

- Clubfoot
- Long - thumb fold
- Mid - mid toe in valgus
- Mid - mid toe in valgus
- Pseudo
- V. ec II
- Head low.
- Head Gun
- Head
- Head low
- Wound closed in layers.
- It reduced. Applied 9 cc. Aspirin + 30 min.
- Remove
- Median transposition espouse closure & soft tissue interlayer
- Position changed to supine
- Wound cleaned in layers.
- For 48 hr. bandage & two ~~two~~ 2 wires.
- Deltoid transposition bone & two mm CCS 35 mm gap suture
- Resective surgery of fibula & when a closure of wound
- Posterior lateral incision taken to expose peri - muscle.
- Secondary / primary aseptic bone.
- After anaesthesia position given.

ACCIDENT HOSPITAL, VADUJ.

INDOOR RECORD

Reg. No. : 202125

Date : 06/02/2025

Name : Sandhya Raghunath Katre (Lawant).

Age : 26 yrs.

Sex : F

OPD No.

Address : Parakandi Tal-Man Dist. Satara

History & Examination :

Diagnosis : # Trimalteolar

Treatment Plan : ORIF

Investigation : CBC

BSL

BVL

3+ Creatinine

HIV

Dr. Ajit A. Inamdar
M.B.B.S. D. Ortho
Reg. No. 61241
Accident Hospital, Vaduj

Date	Examination	R Adviced	R Given
06/02/2025		- NBG Orenziger	
		- Written carew-	
		- Surgery CM	
07/02/2025		- 1m. Monocryl 16	8.30 A.M
	<u>Affmaranda</u>	- 1m. milicain	8.30 A.M
	Dr. Ajit A. Inamdar M.B.B.S. D. Ortho Reg. No. 61241 Accident Hospital, Vaduj	- I.V. RLIG	
		- Surgery at	9.30 A.M.

Date	Examination	R Advised	R Given
07/02/2025 9.00 P.M		<ul style="list-style-type: none"> - I.V. Paracetamol - I.V. metoclopramide 10ml/hourly - I.V. Micaferin 12ml/hourly - Tab - Cizaglone 1BID - Tab - Miraoperm 10mg - Tab - Pan 1BID - Tab - Rofecoxib 1BID 	
08/02/2025		<ul style="list-style-type: none"> - Preuring - CT scan. - I.V. Dexamethasone 1G 	
09/02/2025		- CT scan.	
10/02/2025		<ul style="list-style-type: none"> - Preuring - Omit I.V. antibiotics. - CT oral medicine. - Discharge 	
<u>Affnamdar</u>		<u>Affnamdar</u>	
Dr. Ajit A. Inamdar M.B.B.S. D. Ortho Reg. No. 61241 Accident Hospital, Vaduj		Dr. Ajit A. Inamdar M.B.B.S. D. Ortho Reg. No. 61241 Accident Hospital, Vaduj	
Dr. Ajit A. Inamdar M.B.B.S. D. Ortho Reg. No. 61241 Accident Hospital, Vaduj		Dr. Ajit A. Inamdar M.B.B.S. D. Ortho Reg. No. 61241 Accident Hospital, Vaduj	



NDYA KATE 24/F ANKLE AP/ LAT DR SANAP 31/01/2025 06579

DEVA HOSPITAL VADUJ

ACCIDENTOLOGIA - ULTRASOCHINIDICA

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