MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

MRD CHECKLIST

Name of Patient: Hari Ram UHID 818544 IP No. 145190

Age/Sex: 88/m Years DOA: 19/6/18 (DD/MM/YY) DOD: 29/6/18 (DD/MM/YY)

	List of Documents	Availability	Completeness	Remarks
1	Medical records with codification as per ICD Coding	✓	✓	
2	Patient Admission Request Form	✓	✓	
3	General Admission & Treatment Consent	✓	✓	
4	Discharge Summary	✓	✓	
5	Patient & Family Education Record	✓	✓	
6	MLC Case paper			
7	Generic Informed Consent	✓	✓	
8	Consent form for HIV Testing			
9	Consent form for Anesthesia / Consent for Moderate Sedation	✓	✓	
10	Consent for Blood Transfusion	✓	✓	
11	Consent for Dialysis & Dialysis Protocol			
12	Consent for physiotherapy / Physiotherapy Assessment performa	✓	✓	
13	Initial Assessment Form	✓	✓	
14	Progress Sheet	✓	✓	
15	Pre anesthetic Assessment	✓	✓	
16	Pre - Operative Checklist	✓	✓	
17	Surgical Safety Checklist	✓	✓	
18	OT Notes	✓	✓	
19	Patient Assessment form (Cathlab)/Monitoring for Procedure under LA			
20	Immediate Post - Op Observation sheet	✓	✓	
21	Test Reports	✓	✓	
22	Nutritional Assessment & Diet Plan	✓	✓	
23	Nursing admission Assessment	✓	✓	
24	Nurse's Notes	✓	✓	
25	Medication Chart	✓	✓	
26	Critical Care Flow Sheet	✓	✓	
27	Vital Sign Flow Sheet	✓	✓	
28	Investigation chart	✓	✓	
29	Sugar Monitoring Chart	✓	✓	
30	Intake Output Chart			
31	Billing Sheet	✓	✓	
32	Undertaking for Panel patients	✓	✓	
33	LAMA Documentation			

Checked by (Sister Incharge)
Name
Sign Date

Checked by(MRD):
Name
Sign Date

MRD CHECKLIST

Name of Patient: mr Hari Ram UHID 818544 IP No. 145190

Age/Sex: 83 m Years DOA: 19/6/18 (DD/MM/YY) DOD: 29/6/18 (DD/MM/YY)

	List of Documents	Availability	Completeness	Remarks
1	Patient Admission Request Form	✓	✓	
2	General Admission & Treatment Consent.	✓	✓	
3	Discharge Summary	✓	✓	
4	MLC Case paper	—	—	
5	Generic Informed Consent	✓	✓	
6	Consent form for HIV Testing	—	—	
7	Consent form for Anesthesia	✓	✓	
8	Consent for Blood Transfusion	✓	✓	
9	Dialysis Protocol	—	—	
10	Initial Assessment Form	✓	✓	
11	Progress Sheet	✓	✓	
12	Pre anesthetic Assessment	✓	✓	
13	Pre –Operative Checklist	✓	✓	
14	Surgical Safety Checklist	✓	✓	
15	OT Notes	✓	✓	
16	Pre op & Post op Evaluation form	✓	✓	
17	Immediate Post-Op Observation sheet	✓	✓	
18	Test Reports	✓	✓	
19	Nutritional Assessment	✓	✓	
20	Diet Plan	✓	✓	
21	Nursing admission Assessment	✓	✓	
22	Nurse's Notes	✓	✓	
23	Medication Chart	✓	✓	
24	Critical Care Flow Sheet	✓	✓	
25	Vital Sign Flow Sheet	✓	✓	
26	Investigation chart	✓	✓	
27	Sugar Monitoring Chart	—	—	
28	Intake Output Chart	—	—	
29	Billing Sheet	✓	✓	
30	Undertaking for Panel patients	✓	✓	
31	LAMA Form	✓	✓	

Checked by(Sister Incharge)
Name
Sign
Date

Checked by(MRD):-
Name
Sign
Date

MCDH/Medical record/MRD checklist/F-66/Ver3/Jan 15

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified
C-1, Janak Puri, New Delhi - 110058
Ph : 011- 45582000, Emergency: 011- 45582050, Blood Bank: 011- 45582193

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Doctor's Signature Specimen

Patient Name: Hari Ram UHID 98544 IP 145190

Age/Sex 83y/m Unit Dr. N. Jain

S.No	Doctor's Name	Registration No.	Specimen of Signature
	Dr vimal Jain	8198	
	Dr S. Jolly	25439	
	R Kumar Bose	DMC 34690	

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NO. : 818544
me : Mr./HARI RAM/83/Yrs/MALE
el : RAKSHA TPA
om/Ward : G 30-11 ICCU WARD GROUND FLOOR
A/TOA : 19/06/2018 7:39 AM PRIVATE

IP NO. : 145190

PATIENTS RELATIVES

Patient Name .....Age/Sex..... IP.....

Date	Current Condition of patient (explained to Patient/relative)	Name of Doctor	Doctor Sign	Relative Name	Relative's Sign
21-6-18	Prog. Exp.	Rajesh	[illegible]	Siyanand Tanwar	[illegible]
22/6/2018	present condition explained to Relative	Dr Jitendra	[illegible]	Siyanand Tanwar	[illegible]
23/6/2018	present condition explained to relatives	Dr Jitendra	[illegible]	Siyanand Tanwar	[illegible]
25/6/18 10.50Am	GUARDED CONDN OF PATIENT EXPLAINED TO HIS DAUGHTER IN LAW	Dr Suman	[illegible]	Kusum	कुसुम तंवर
26/6/18 10.45Am	Guarded condn. of patient explained to patient's son	R Sumana	[illegible]	Siyanand Tanwar	[illegible]

माता चन्नन देवी अस्पताल

आईएसओ: 9001.2008 प्रमाणित

सी-1, जनकपुरी, नई दिल्ली-110058

फोन न.: 011-45582000, आपातकालीन : 011-45582050, ब्लड बैंक : 011-45582193

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दैनिक रोगी स्थिति ब्रीफींग का रिकार्ड

तिथि	रोगी की वर्तमान हालत के बारे रोगी /रिश्तेदार को समझाया गया है।	डॉक्टर का नाम	डॉक्टर के हस्ताक्षर	रिश्तेदार का नाम	रिश्तेदार के हस्ताक्षर

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000

Admission Form

Pay Type : CREDIT

UHID	: 818544	IPNO.	: 145190
Dr. Case	: HOSPITAL CASE		
Patient Name	: Mr. HARI RAM	Age/Sex	: 83/Yrs/MALE
S/O	: LATE MR BALLEY SINGH	Phone No	:
Address	: B-79 OLD JANAKIPURI	Mobile No	: 8979690808
		Date & Time	: 19/06/2018 7.39 AM
Area	: JANAK PURI	Bed NO	: S243 -01
City	: NEW DELHI	Relation	: Self
Current Unit	: GSR-2	Unit: GSR-2	Employe No : 5001002817P110689
Admiting Doctor:	Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		
Company	: RAKSHA TPA		

Name & Signature of Officer

Name & Signature of Patient/Attendant

User : MANISH3485

Print Date & Time : 19/06/2018 7.39 AM

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Caring Lives with Human Touch

Patient Admission Request Form

145190

C/A No. | | | | | | |

Medical Superintendent
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-110058

Kindly admit my patient in the Hospital for treatment. His/Her particulars are as under :-

Name of the Patient HARI RAM Age 83 Sex Male

Mother's Name Late Mrs INDRA WATI

Father's Name / ~~Husband Name~~ Late Sh. BALLE SINGH

Present Address B-79 OLD JANKI PURI
UTTAM NAGAR NEW DELHI-110059

Permanent Address — Same —

Phone No. (Resi) _____ Office _____ Mobile 897969 0808

Occupation : ☐ Business
☐ Government Service
☐ Private Service
☑ Any Other [Specify] _____

Email : _____

Income (Per Month) Rs 990,000/-

Ward in which admission is required :

☐ ICU ☐ ICCU ☐ ~~PICU~~ ☐ CCU ☐ HDU ☐ Nursery

☐ Semi-Private Ward [Double Bed] ☑ Private Ward with A/c. ~~ASD~~ (As per Entitlement)

☐ Deluxe Room ☐ Super Deluxe Room

☐ Pediatric General Ward ☐ Economy Ward

I am in the knowledge of the facilities available for the treatment of my patient and I also understand that there is no guarantee of the outcome of treatment/operation (s).

I accept admission of my patient and will pay all the charges and abide by all the rules & regulations of the Hospital.

Date 18 June 2018

Signature _____

Name Siyanand Tanwar.

Name of Front office Executive

Rajiv 347

Relationship with the Patient SON

Sign. of Front office Executive

Rajiv 347

MCDH/Front office/Admission form/F-29/ver-1/oct-11

माता चन्नन देवी अस्पताल

आईएसओ: 9001:2008 प्रमाणित

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रोगी दाखिला प्रार्थना फार्म

चिकित्सा अधिकारी
माता चन्नन देवी अस्पताल
सी–*1*, जनक पुरी,
नई दिल्ली–*110058*

सी. ए. नं० ☐☐☐☐☐☐

कृपया मेरे रोगी को इलाज के लिए अपने अस्पताल में दाखिला दें। रोगी की कागजाती जानकारी इस प्रकार है :–

रोगी का नाम_____ आयु_____ लिंग_____

माता का नाम_____

पति/पिता का नाम_____

वर्तमान पता_____

_____

स्थायी पता_____

_____

टेलीफोन नं० (निवास)_____ कार्यालय_____ मोबाइल_____

व्यवसाय ☐ व्यापार

☐ सरकारी

☐ प्राइवेट नौकरी

☐ अन्य_____

ई-मेल_____

आय : (प्रतिमाह) रू०_____

आप किस वार्ड में दाखिला चाहते हैं :–

☐ आई०सी०यू० ☐ आई०सी०सी०यू० ☐ सी०सी०यू० ☐ पी०आई०सी०यू० ☐ एच०डी०यू० ☐ नर्सरी

☐ सेमी प्राइवेट (डबल बेड) ☐ प्राईवेट वार्ड ए.सी. के साथ

☐ डीलक्स रूम ☐ सुपर डीलक्स

☐ पीडियाट्रीक जनरल वार्ड ☐ इकोनोमी वार्ड

मैंने अपने रोगी के इलाज के लिए इस अस्पताल में उपलब्ध सुविधाओं से अपने आपको अवगत करा लिया है और यह भी समझ लिया है कि इलाज या आपरेशन द्वारा रोगी स्वस्थ हो जायेगा इसकी भी गारण्टी अस्पताल की नहीं है।

मैं अपने रोगी के दाखिल करने की मंजूरी देता/देती हूं और उसके इलाज के दौरान जो भी खर्चा आएगा इसके भुगतान को अस्पताल में जमा कराऊंगा। मैंने अस्पताल के सभी नियमों को अच्छी तरह से पढ़ लिया है। उनका पूर्ण रूप से पालन करूंगा।

दिनांक_____ हस्ताक्षर_____

फ्रंट आफिस एक्ज़ीक्यूटिव का नाम नाम_____

_____ रोगी से संबंध_____

फ्रंट आफिस एक्ज़ीक्यूटिव के हस्ताक्षर

_____

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145190

GENERAL ADMISSION / TREATMENT CONSENT

Cash	TPA	Staff	BPL/EWS	CGHS Credit	CGHS to Pay	ECHS	Panel

I Gyanand Tanwar the undersigned, do hereby agree and give my consent for _____ admission to Mata Chanan Devi Hospital and I hereby request and authorize the above Hospital, the physicians, the members of its House Staff and Nursing Staff, to provide Such care and perform diagnostic, radiological and / or therapeutic procedures and treatments as, in the judgement of the above physician (s) is deemed necessary or advisable in (my) the above patient's care or (in the case of obsterical patients) in the care of my newborn. This includes all routine diagnostic tests and procedures, including diagnostic x-rays, the administration and/ or injection of pharmaceutical products and medications, and withdrawal of blood for laboratory examination. I acknowledge the fact that the Hospital has the authority to dispose of specimens taken for laboratory or pathology examination. In addition, I hereby authorize any and all person caring for me to review/or release my personal health information to other healthcare providers treating me during this hospitalization.

I agree to pay items / consumable which are not payable by my organization / TPA.

I certify that I have read and understand this form and that no guarantees have been made to me as to the results of treatments or examinations done in the Hospital.

Patient's / Responsible Party Signature _____ Name _____ Date : _____

Next of Kin (Name) : _____ Sign. _____ Relationship : _____

Other Person Responsible (Name) _____ Sign. _____ Relationship : _____

If the patient is unable to Sign : Witness Signature : _____ Name : _____

ACKNOWLEDGMENT - I acknowledge receipt of the booklet, YOUR RIGHT AS A HOSPITAL PATIENT IN MATA CHANAN DEVI HOSPITAL prepared by Hospital administration.

Signature : _____ Date : 19.06.2018

To change room / package / for implant/ stents / Occular Lens

I hereby undertake that I will pay all the category differences of hospitalization to the hospital above my entitlement/ ceiling rate

Signature _____ Name _____ Relationship with Patient _____ Date _____

For less payment (for cash)

I hereby undertake that I will pay all the expenses of hospitalization to the hospital.

Signature _____ Name _____ Relationship with Patient _____ Tel No. _____

For less payment (for credit)

I hereby undertake that I will pay all the expenses of hospitalization to the hospital over/ above my permissible limit.

I undertake to reimburse the amount spent on my treatment incase my declaration is found to be incorrect or false.

Name : _____ Sign. _____ Date _____ Tel No. _____

The above stated information has been explained to the patient / Attendant in his own language.

Name of Front Office Executive ..... Sign. of Front Office Executive .....

माता चन्नन देवी अस्पताल

आईएसओ: 9001:2008 प्रमाणित

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चिकित्सीय सहमति पत्र

नगद	टीपीए	कर्मचारी	बीपीएल /ई डब्ल्यू एस	सी.जी.एच.एस केडिट	सी.जी.एच.एस. नगद	ई.सी.एच.एस	पैनल

मैं .....अधोहस्ताक्षरी (जिसके हस्ताक्षर नीचे हैं) अपने रोगी .....को माता चन्नन देवी अस्पताल में भर्ती करने की सहमति प्रदान करता / करती हूं । साथ ही यह सहमति भी प्रदान करता हूं कि मेरे रोगी के रोग निदान एवम् उपचार के लिये चिकित्सकों, सहायकों तथा अस्पताल के अन्य कर्मचारियों द्वारा लिये गये निर्णय मान्य होंगे । चिकित्सकों, सहायकों तथा कर्मचारियों द्वारा उपचारार्थ औषधियों, इंजेक्शनों, परीक्षणों (लैब टेस्ट तथा दैनिक टैस्ट, एक्सरे आदि) कराने को भी सहमति प्रदान करता /करती हूं । लैब टेस्टिंग के समय मेरे रोगी के लिये गये सैम्पलों तथा प्रयोग में लाये गये द्रव्यों को भी फैंकने की सहमति प्रदान करता /करती हूं । तथा मेरे मरीज की चिकित्सा करने वाले सभी चिकित्सको को आवश्यकता पड़ने पर अन्य चिकित्सकों को व्यक्तिगत स्वास्थ्य संबंधी जानकारी दिखाने / देने की सहमति प्रदान करता /करती हूं ।

मैं उपभोज्य वस्तुओं (जिसका खर्चा मेरी संस्था / टी.पी.ए. नहीं देगी) के भुगतान के लिए सहमति प्रदान करता/करती हूँ।

मैं यह घोषणा करता / करती हूं कि उपरोक्त समस्त जानकारी मैंने पढ़ भी और समझ ली है । अस्पताल में किये गये उपचार एवम् परीक्षण के परिणाम की कोई गारन्टी नहीं हैं।

स्वीकृति - माता चन्नन देवी अस्पताल प्रशासन द्वारा तैयार किये गयी पुस्तिका - " मेरे अधिकार - एक अस्पताल रोगी के रूप में " की प्राप्ति की स्वीकृति प्रदान करता हूं।

हस्ताक्षर .....नाम .....दिनांक .....

कक्ष परिवर्तन /पैकेज /इम्पलांट /स्टेन्ट / आकुलर लैंस

मैं यह जिम्मेदारी लेता हूं कि अस्पताल में इजाल के दौरान, कार्ड से प्राप्त अधिकार / श्रेणी के अलावा सभी अतिरिक्त भुगतान करूंगा ।

हस्ताक्षर..... नाम .....सम्बन्ध .....दिनांक .....

अतिरिक्त भुगतान के लिए (नगद भुगतान वाले मरीज के लिये)

मैं यह जिम्मेदारी लेता हूं कि अस्पताल में दाखिले के दौरान अस्पताल का बकाया भुगतान करूंगा ।

हस्ताक्षर .....नाम .....मरीज से सम्बन्ध .....

फोन नं. .....

अतिरिक्त भुगतान (इंश्योरेंस भुगतान वाले मरीज के लिए)

मैं यह जिम्मेदारी लेता हूं कि अस्पताल में उपचार के दौरान, कार्ड से प्राप्त अधिकार / श्रेणी के अलावा सभी अतिरिक्त भुगतान करूंगा । मैं यह जिम्मेदारी लेता हूँ कि मेरे उपचार में खर्च की गई राशि की प्रतिपूर्ति मैं करूगां यदि मेरा प्रख्यापन गलत / असत्य पाया जाता हैं।

हस्ताक्षर .....नाम .....दिनांक .....फोन नं .....

उपरोक्त सूचना रोगी / रोगी के सम्बन्धी को उसकी भाषा में समझा दी गई है ।

फ्रंट आफिस एक्जीक्यूटिव का हस्ताक्षर..... फ्रंट आफिस एक्जीक्यूटिव का नाम .....

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)
Ph.: 45582000, 25554782, 25554487, 25610008, 25610009 Fax : 25544001

DISCHARGE SUMMARY

Name	: Mr. HARI RAM	Admission Date	: 19/06/2018 07:39:20AM
Age Sex	: 83 Years / Male	Discharge Date	: 29/06/2018
Address	: B-79 OLD JANAKI PURI JANAK PURI	Bed No	: D133 -02
☎	: 8979690808 , Ph	WARD	: SEMI PVT TWO BED
Unit Name	: GSR-2	Inpatient No	: 145190
Panel Name	: RAKSHA TPA gipsa	UHID	: 818544
Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	Discharge Type	: Normal Discharge

ICD CODE	DETAILS
N40	Hypertrophy (benign) of prostate
I10	High blood pressure
K63.1	Perforation of intestine (nontraumatic)
K40.2	Bilateral inguinal hernia NOS
K56.2	Volvulus

PROVISIONAL DIAGNOSIS:- B/L Inguinal Hernia.

FINAL DIAGNOSIS:- B/L Inguinal Hernia with Volvulus of Ileum with Ileal Perforation/ HTN/ BPH.

OPERATION/PROCEDURE:-
B/L Inguinal Hernioplasty with Mesh repair done under SA on 19/6/2018
Exploratory Laprotomy + Resection and Anastomosis done under GA on 21/6/2018
2 unit PRBC transfusion.

CHIEF COMPLAINTS:-
Patient admitted with c/o-
B/L inguinal swelling.

PAST HISTORY:- K/C/O- HTN/ BPH- on treatment.

FAMILY HISTORY:- Nothing significant

SURGICAL HISTORY:-
Lap. Cholecystectomy -(2010)
H/o- Vasectomy (1977)

IP No 145190 : CR No 818544

KEY FINDING ON PHYSICAL EXAMINATION AT THE TIME OF ADMISSION:-

General Condition:- Conscious, Oriented
Afebrile
BP-128/78 mmHg
PR-86 /min
RR-16 /min

SYSTEMIC EXAMINATION:-

R/S- B/L AE+
CVS- S1S2+
Per Abdominal Findings- soft, BS+
CNS- Conscious, Oriented
GCS- 15/15

COURSE DURING HOSPITALIZATION:-

Patient admitted with above mentioned complaints and was investigated accordingly. On investigation ABG- pH- 7.48, pCO2- 33, pO2- 56, HCO3- 24.6, TCO2- 25.6, CBC- Hb- 16.5, TLC- 13700, DLC- 85/10/03/02, Platelet count- 1.9 lacs, Ionized Calcium- 4.04, KFT- Urea- 41, Creatinine- 1.32, Uric Acid- 7.2, Protein- 6.32, Albumin- 3.54, Na+- 135.7, K+- 4.9, LFT- S.Bil- 0.78/ 0.21, SGOT- 43, SGPT- 32, Serum Alk Phosphatase- 71, GGT- 11, Serum Calcium- 8.1, Serum Magnesium- 1.6, Urine R/M- Epi cell / pus cell- occasional, RBC- 50-60, Bacteria Present, Urates+, Urine C/S- Sterile. USG Whole Abdomen s/o- Significant gaseous bowel distension seen. Gall bladder is not visualized (History of surgery) . X-Ray Abdomen Erect and Supine s/o- Mild gaseous bowel distension is seen. Chest X-Ray s/o- A thin streak of free air seen under right dome of diaphragm. After PAC clearance and informed consent . patient operated for B/L inguinal hernia with Meshplasty done under SA on 19/6/2018. Post operatively. Patient started complaining of abdominal pain with not passing flatus and abdominal distention. 2 unit of PRBC transfusion, prior to the Laprotomy. In post operative ward. Patient also complained of chest uneasiness. For tachycardia cardiology reference was done and advice followed. Medicine reference was done and advice followed. Patient X-Ray Abdomen was done on 21/6/2018 which revealed air under diaphragm. Histopathology - Small intestinal segment :- Marked inflammation and necrosis with evidence of perforation. Patient underwent Laprotomy for volvulus of Ileum with Ileal perforation and resection anastomosis done under GA. Post operatively, patient shifted to ICU. Post operatively, patient responded well and Patient shifted to Semi Pvt in stable condition on 26/6/2018. Due to fall in O2 sat. Pulmonology reference was done and advice followed. For PFT and Oxygen, Nebulization. Physiotherapy was done, in view of decrease O2 saturation. Patient responded well to given treatment. Now patient is being discharged in stable condition with follow up medical advice.

INVESTIGATIONS:-

Reports are Attached.

TREATMENT GIVEN:-

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)
Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001
IP No 145190 : CR No 818544

Inj. Tazact, Inj. Metrogyl, Inj. Pantop, Inj. Emset, Inj. Tramadol, Inj. Paracip, Tab. Amlong Tab. Ivanode, Neb. With Duolin, Neb. With Budecort, Tab. Mucinac, Tab. Voveran, Soft diet, Blood transfusion, IV fluids.

ADVICE ON DISCHARGE:-

1. Tab. Stafcure LZ 500mg 1 tab. twice a day x 5 days.
2. Tab. Metrogyl 400mg 1 tab. thrice a day x 5 days.
3. Tab. Veloz L 1 tab. once a day x 5 days.
4. Tab. Chymoral AP 1 tab. twice a day x 5 days.
5. Tab. Mucinac 600mg 1 tab. twice a day x 5 days.
6. Tab. Presmovac 1mg 1 tab. at night x 5 days.
7. Home Oxygen arranged.

Medicine and Discharge Summary Explained by:- *(Name & Signature)*

FOLLOW UP:-
Review in GSR Unit II OPD after 5 days
(GEN OPD from 08:30 AM to 10:00 AM)
(Specialist OPD from 11:00 AM to 01:00 PM, Registration start at 10:30 AM And 04:00 PM TO 06:00 PM)

Please Contact Emergency Department (No.-45582050) in Case of Following Conditions:-
Pain swelling vomiting.

NOTE: *- Please bring all your investigation report and Discharge Summary at the time of Follow- Up Visit.*

Patient/Attendant

Name :- For Dr. V.K. Jain
Signature :- 29/6/18

Name and Signature of Sr. R.M.O. 29/6/18

Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25438)
Name and Signature of Consultant

!! Get well soon. We care for your well being!!

MATA CHANAN DEVI HOSPITAL

C-1, Janak Puri, New Delhi-110058
Ph.: 45582000, 25554702, 25554487, 25610009,
Fax : 25544001, Extn.: 2049, 2050

NABL ACCREDITED M-0375

DISCHARGE SUMMARY

Name of Patient: HARI RAM	Age/Sex: 83Yrs/M	CA.No.:	Panel:
Address & Tel No.-			
Consultant:- Dr. VIMAL JAIN / Dr S. Jolly			
Ward:-	IPN 145190	UHID	
Date of Admission:- 19/6/18	Date of Discharge:- 29/6/18		

MLC NUMBER :-

PROVISIONAL DIAGNOSIS :-

B/L Inguinal hernia.

FINAL DIAGNOSIS :-

B/L Inguinal hernia.

OPERATION / PROCEDURE :-

B/L Inguinal Herrioplasty with mesh repair 19/6/18 ↓ SA
Exploratory laparotomy + Resection and Anastomosis. 21/6/18 ↓ GA

CHIEF COMPLAINTS :-

B/L Inguinal Swelling.

PAST HISTORY :-

K/C/O - HTN / BPH

DRUG ALLERGY :-

Not known.

FAMILY HISTORY :-

SURGICAL HISTORY :-

Lap cholecystectomy LSA (2010)

KEY FINDING ON PHYSICAL EXAMINATION AT THE TIME OF ADMISSION:-

General Condition :- Conscious Oriented.

BP-mmHg 128/78 mmHg

PR-/min 86/min.

RR-/min 16/min.

SPO_2-%

SYSTEMIC EXAMINATION :-

R/S- BAE (+)

CVS - $S_1 S_2$ (+)

Per Abdominal Findings - Soft BS (+)

CNS - Conscious Oriented

Other- GCS - 15/15

COURSE DURING HOSPITALIZATION :-

Pt admitted c above mentioned complaint and was investigated accordingly After PAC clearance & informed Consent Pt operated for B/L Inguinal Hernia with meshplasty on 19/6/18 LSA Post operatively pt started complaining of Abdomen pain c Not passing Flatus & Abdominal distention. In post op ward Pt also complained of chest uneasiness. For tachycardia cardio ref was done and advice followed. Medicine reference was done advice followed.

Pt x-ray abdomen was done on 21/6/18 which revealed air under diaphragm. Pt underwent laprotomy for volvulus of Ileum with Ileal perforation & resection anastomosis done. ↓GA.

Posd operatively pt shifted to ICU.

Post operatively Pt responded well and Pt shifted to semi PVY in stable condition on 21/6/18

Due to fall in O_2 sat. pulmonology ref was done and for PFT & Oxygen nebulization, Physio referrance was done in view of $\downarrow O_2$ sat

Advice followed ↑ Now PV is stable and being planned to discharge on 29/6/18

INVESTIGATIONS :-
Reports are Attached

TREATMENT GIVEN :-

Inj TAZACT
Inj METROGYL
Inj PANTOP
Inj EMESET
Inj TRAMADOL
Inj PARACIP
T. Amlong.
T. IVANDOE.
NEB c DOLOLINE & BUDECORT.
T. MUCINAC 600mg BD.
T. VOKGRANO BD
Soft diet

+ Blood transfusion
2 FFP transfused on 22/6/18

ADVICE ON DISCHARGE :-

T. STAFCURE LZ 500mg 1 BD
T. Metrogyl 400mg TDS
T. VELOZ-L 1 OD
T. CHYMORAL AP 1 BD
T. MUCINAC 600mg BD
T. PRESMOVAC 1mg 1HS
Home Oxygen Arrangement.

Medicine and Discharge Summary Explained by :- chandrapuri (Name & Signature)

FOLLOW UP :

Review

(Specialist OPD from 11:00 am to 01:00 pm, Registration Start at 10:30 am)

(Super Specialist OPD from 11:00 am to 01:00 pm, Registration Start at 10:30 am)

Please Contact Emergency Department (No. 45582050) in Case of Following Conditions :-

★ ★

★ ★

★ ★

★ ★

NOTE : Please bring all your investigation report and Discharge Summary at the time of follow - Up Visit.

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified
C-1, Janak Puri, New Delhi - 110058
Ph : 011- 45582000, Emergency: 011- 45582050, Blood Bank: 011- 45582193

NABL ACCREDITED M-0375

Patient & Family Education Record

Patient Name: _____

Ward &Bed No: _____

NO. : 818544 IP NO. : 145190
me : Mr./HARI RAM/83/Yrs/MALE
nel : RAKSHA TPA
om/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
A/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
miting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Barriers to Learning		Factors
☐ None	☐ Vision / Hearing Limitation	☐ Use of Interpreter
☐ Limited Reading Abilities	☐ Physical barriers	☐ Educate Family
☐ Religious / Cultural Factors	☐ Language barriers	☐ Simple language
☐ Congnitive Limitations - unable to understand and follow directions	☐ Low motivation / desire to learning	☐ Written Intructions

Needs	Date	Visit 1			Date	Visit 2			Signature
Disease	29/6	L	P	O		L	P	O	Doctor
☐ Information on Disease/Diagnosis		P	OD	V					
☐ Treatment		P	OD	V					
Medications		O	OD	V					Doctor/Nurse
☐ Information on Safe & Effective use of medicines		P	OD	V					
☐ Information on drug/drug & drug/ food interaction		P	OD	V					
☐ Discharge Medications		P	OD	V					
Surgical Instructions		O	OD	V					Nurse
☐ Pre –Operative Instructions		P	OD	V					
☐ Post Operative Instructions (Wound/Dressing care)		P	OD	V					
Pain Management		O	OD	V					Nurse
☐ Reporting of Pain ☐ Pain Management		P	OD	V					
Safe & Effective use of Equipment (if required)		O	OD	V					Doctor/Nurse
Name of Equipment		—							
Rehabilitation Techniques		—							Physiotherapist
☐ Home Exercises		P	OD	V					
Nutritional guidance		P	OD	V					Dietician

Needs	Date	Visit 1			Date	Visit 2			Signature
	8/9/6	L	P	O		L	P	O	
☐ Diet Instructions for patients at nutritional risk		P	OD	V					
☐ Diet advise for home		P	OD	V					
Discharge Planning		P	OD	V					Nurse
☐ Self Care		P	OD	V					
☐ Follow up		P	OD	V					
☐ Immunization		—							
☐ Parenting Education		—							
☐ Others		—							
Risk Factor Reduction		P	OD	V					Nurse
☐ Smoking cessation		—							
☐ Weight control		—							
☐ Others Risk		—							

LEARNER(L): -P-Patient M-Mother, F-Father ,S-Spouse OTHER...Son...(State Relationship)

Process(P) OD-Oral Discussion ,D-Demonstration , W-Written Material

Outcome(O): RD: Return Demonstration V -Verbal Understanding

Written Material Given & Explained (If any)

Reports Given:

	Given	Pending	NA		Given	Pending	NA
Discharge Summary	✓			MRI Report		✓	
ECG Report	Attached file			MRI Films		✓	
Echo/TMT Report			✓	Ultrasound Report		✓	
X-Ray Report	Attached file			Any Other Report		✓	
X-RAY Film	Attached file			Compact CD		✓	
CT Scan Report			✓				
CT Scan Film			✓				

Name of Attendant/Patient...Siyanand Tamrar... Sign...

Name of Discharge Nurse...Suvila... Employee ID...647... Sign...

Name of Doctor...Gayl... Employee ID...210... Sign...

MATA CHANAN DEVI HOSPITAL

C-1, JANAKPURI NEW DELHI - 110058

ISO 9001:2008 CERTIFIED

210 Bedded Multispeciality Hospital

Email: info@mcdh.in, Website: www.mcdh.in

145190
4

General OPD

Reg No	: 813303 SV No.: 1521646389	Date	: 15/06/2018 8.58 AM
Patient Name	: Mr. HARI RAM	Age / Sex	: 83 Years 17 Days / Male
Panel/Ref By	: Hospital	Department	: G.SURGERY
Remarks	:	Unit	: GSR-2
Mobile No.	: 8979690808 Token No. : 9	Unit Dr.	DR.VIMAL KUMAR JAIN (DMC 8198),DR. SHALIT JOLLY DMC (25439)
Days	: TUE & FRI Room No. : 623		

Initial Assessment & Plan of Care

Clinical Notes:

Remen PAC

Past History:

Drug/Food allergy No

Examination(General & Systemic)

B.P. 150/90 Pulse Temp. N

Investigations

Nutritional Screening

Wt.(Kg) 71 Ht.(cm)/Head Circum. 168 cm BMI 25

Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Provisional Diagnosis

B/L Ing. Hernia

Treatment

ADMIT U SII
19/6/18 at 7am

Time :

Follow Up/Next Visit On :

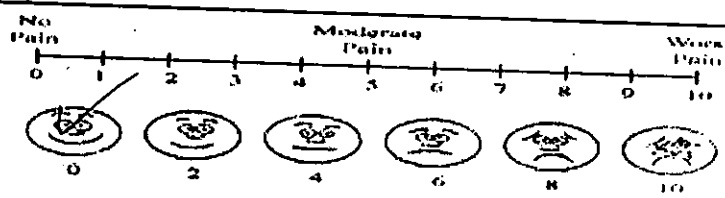
Diet & Precautions

Psychological History: Normal/Anxious/Depressed

Psychosocial: Nil/Smoking/Tobacco/Alcohol(Social/Excess)

Functional: Independent/Need Assistance/Dependent

Pain assessment:



HOSPITAL
(Doctors)

NABL ACCREDITED M-0375

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
Pt. Name...dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439) .....Date.....19/6.....

Age/Sex.....Ward/Room No.....Unit/Dr.....

CURRENT SITUATION

Parameters	Morning	Evening + Night
Whether Patient is stable or unstable	well	
Chief abnormalities:	B/L inguinal swelling	

BACKGROUND

Parameters	Morning	Evening + Night
Admission Diagnosis	Inguinal swelling (Hernia)	
Medical History	HTN	
Treatment changes	—	

ASSESSMENT: - Clinical Examination

Morning	Evening + Night
Pulse 88/m BP 120/80 Temp.....	Pulse .....BP.....Temp.....
RR 14 O2 Sat..... Pain.....	RR.....O2 Sat.....Pain.....
GCS Score..... Braden Score.....	GCS Score..... Braden Score.....
Central line.....	Central line.....
Drain Site.....Foley's Cath. Site.....	Drain Site.....Foley's Cath. Site.....
Venti/BIPAP.....	Venti/BIPAP.....
DVT.....	DVT.....
I/O Charting.....	I/O Charting.....
Diet.....	Diet.....
Any Other	Any Other .....

CURRENT PROBLEM	CURRENT PROBLEM
PLAN OT today	PLAN

Investigations:	Investigations:
Done Pending	Done Pending
Referrals: Done Pending	**Referrals:** Done Pending

RECOMMENDATIONS/IMPORTANT ORDERS

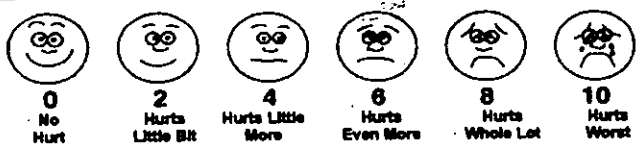
Sign for OT only	

HAND OVER

Given by: Name.....Sign..... Taken By: Name:.....Sign.....	Given by: Name.....Sign..... Taken By: Name:.....Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts, Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

ISO : 9001 - 2008 CERTIFIED
C-1, JANAK PURI, NEW DELHI - 110058
Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

M
n of Anaesthesia

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
Init/Cons : GSR-2
dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Name_____ Bed No. _____

Address _____

UHID _____

Informed Consent

1. I.....understand that anaesthesia services are needed so that my doctor can perform the operation or procedure. I hereby consent to the anaesthesia service checked below and authorize that it can be administered by Anaesthesiologist (s) all of whom are credentialed to provide anaesthesia services at Mata Chanan Devi Hospital, I also consent to an alternative type of anaesthesia if necessary as deemed appropriate by them.

☐ General Anaesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anaesthsia injury to blood vessels, aspiration, pneumonia
☐ Spinal or Epidural analgesia / Anaesthesia ☐ With sedation ☐ Without sedation	Expected Result	Temporary decreased or loss of feeling and or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.
	Risks	Headache, Backache, buzzing in the ears, convulsions, infection, persistent weakness, numbnesss, residual pain, injury to blood vessels " total spinal"
☐ Major / Minor Nerve Block ☐ With sedation ☐ Without sedation	Expected Result	Temporary loss of feeling and/ or movement of a specific limb or area.
	Technique	Drug injected near nerves providing loss of sensation to the area of operation.
	Risks	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.
☐ Monitored Anesthesia Care (With Sedation)	Expected Result	Reduced anxiety and pain, partial or total amnesia
	Technique	Drug injected into the blood stream breathed into the lungs, or by other routes producing a semi-conscious state.
	Risks	An unconscious state, depressed breathing.
☐ Anesthesia Stand by (without sedation)	Expected Result	Measurement if vital signs availability of anaesthesia provider for further intervention, no sedation.
	Technique	None
	Risks	Anxiety and or discomfort

2. I State that I am not having any medical problems. [ ]

3. I State that I am having following medical problems:

[ ] Hypertension [ ] Diabetes [ ] Heart disease
[ ] Epilesy [ ] Bronchial asthma [ ] Jaundice
[ ] Steroid therapy [ ] Allergy to drugs [ ] Bleeding disorders
[ ] On medication [ ] Complications of previous anaesthesia

[ ] Other (specify) .....

4. The Risks have been explained to me in my language. [ ]

5. I understand that in the event of unexpected complications, I authorize anaesthesia team to take appropriate steps in the treatment. I further state that in the event of unexpected complications, myself or my family members will not hold any member of the anaesthesia team personally liable for penal action.

6. I consent to photography / video recording of procedure, which maybe viewed for academic purpose only subject to the identity being adequately protected. I further give my consent to the release of professional and /or other information from the Medical records as deemed necessary in accordance with the rules and policies of the hospital.

A. Name of patient / Person Authorised to Sign. for Patient ..... Date .....

Sign. .....

B. Name of Witness (preferably relative) ..... (Son) Date .....

Sign. of Witness ..... Shivanan (Son)

C. Name and designation of Anaesthesiologist ..... Date 19/6

Sign. of Anaesthesiologist ..... Dr. P. Manjunath Sr. consultant DMC 4666

HIGH RISK CONSENT

It has been explained to me and I have acknowledged, that the risk to the patient during and after the surgery/anaesthesia is high/ very high due to the following problems and their implications have been explained to me in detail.

1.

2.

3.

4.

Signature of Anaesthesiologist

Name : .....

Date : .....

Signature/Thumb impression of patient/ relative

Name : .....

Sign. of Witness : .....

Name : .....

MATA CHANAN DEVI HOSPITAL

ISO : 9001 - 2008 CERTIFIED
C-1, JANAK PURI, NEW DELHI - 110058
Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

Authori

? NO. : 818544 IP NO. : 145190
ime : Mr./HARI RAM/83/Yrs/MALE
nel : RAKSHA TPA
om/Ward : G 30-11 ICCU WARD GROUND FLOOR
A/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
miting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Name _____

Address _____

UHID _____

Informed Consent

1. I.....understand that anaesthesia services are needed so that my doctor can perform the operation or procedure. I hereby consent to the anaesthesia service checked below and authorize that it can be administered by Anaesthesiologist (s) all of whom are credentialed to provide anaesthesia services at Mata Chanan Devi Hospital, I also consent to an alternative type of anaesthesia if necessary as deemed appropriate by them.

☐ General Anaesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anaesthsia injury to blood vessels, aspiration, pneumonia
☐ Spinal or Epidural analgesia / Anaesthesia ☐ With sedation ☐ Without sedation	Expected Result	Temporary decreased or loss of feeling and or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.
	Risks	Headache, Backache, buzzing in the ears, convulsions, infection, persistent weakness, numbnesss, residual pain, injury to blood vessels " total spinal"
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	Technique	Drug injected near nerves providing loss of sensation to the area of operation.
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	Risks	An unconscious state, depressed breathing.
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	Risks	Anxiety and or discomfort

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3. I State that I am having following medical problems:

[ ] Hypertension [ ] Diabetes [ ] Heart disease
[ ] Epilesy [ ] Bronchial asthma [ ] Jaundice
[ ] Steroid therapy [ ] Allergy to drugs [ ] Bleeding disorders
[ ] On medication [ ] Complications of previous anaesthesia

[ ] Other (specify) .....

4. The Risks have been explained to me in my language. [ ]

5. I understand that in the event of unexpected complications, I authorize anaesthesia team to take appropriate steps in the treatment. I further state that in the event of unexpected complications, myself or my family members will not hold any member of the anaesthesia team personally liable for penal action.

6. I consent to photography / video recording of procedure, which maybe viewed for academic purpose only subject to the identity being adequately protected. I further give my consent to the release of professional and /or other information from the Medical records as deemed necessary in accordance with the rules and policies of the hospital.

A. Name of patient / Person Authorised to Sign. for Patient.....Date.....

Sign. .....

B. Name of Witness (preferably relative).....Date.....

Sign. of Witness .....

C. Name and designation of Anaesthesiologist.....Date.....

Sign. of Anaesthesiologist .....

HIGH RISK CONSENT

It has been explained to me and I have acknowledged, that the risk to the patient during and after the surgery/anaesthesia is high/ very high due to the following problems and their implications have been explained to me in detail.

1. Pt. stands high risk for emergency laparotomy i/v/o old age, HTN, high risk surgery / dyselectrolytemia / massive blood loss.
2. Pt may need post-op ICU stay
3. post-op ventilator support
4.

Signature of Anaesthesiologist

Name : .....

Date : .....

Signature/Thumb impression of patient/ relative

Name : Siyanand Tamar

Sign. of Witness : .....

Name : .....

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Informed Consent

To be filled by Doctor

Procedure Name : .....

Authorisation for medical treatment or diagnostic/therapeutic procedure / चिकित्सा उपचार के लिए प्राधिकरण/अथवा जाँच/चिकित्सीय प्रक्रियाओं के लिए प्राधिकार

Instructions/निर्देश

1. The ph... ardian if the patient is a minor, the spouse or adult children
1. इस फ... o make an informed decision.
2. This co... ा है), अभिभावक/ संरक्षक यदि नाबालिग है, पति या पत्नी, या
or pare... निर्णय लेने में असमर्थ हैं।
2. यह स...
व्यस्क ...

...R NO.	: 818544	IP NO.	: 145190
...Name	: Mr./HARI RAM/83/Yrs/MALE		
...anel	: RAKSHA TPA		
...Room/Ward	: S243 -01 PRIVATE WARD SECOND FLOOR		
...OA/TOA	: 19/06/2018 7.39 AM PRIVATE		
...Unit/Cons	: GSR-2		
...dmiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Name : _____ Age : _____ Sex : _____

Father/Husband/Guardian Name : _____ Tel. No. : _____

E-mail ID : _____ Consultant Incharge : _____

UHID No. : _____ IP NO. : _____ Room No. : _____ Bed No. _____

Consent to be filled by the consultant and Patient Attendant

1. I here by authorise the Hospital and those it may designate as staff to perform the following medical treatment/surgical operation, and diagnostic/ therapeutic procedures :
मैं, हॉस्पिटल एवं उसके द्वारा नियुक्त कर्मचारियों को निम्नलिखित स्वास्थ्य संबंधी चिकित्सा/ शल्य चिकित्सा एवं निदान/ चिकित्सकीय प्रक्रियाओं के लिए अनुमति देता/ देती हूँ :

B/L Inguinal Herniaplasty

On Mr./ Mrs./Mast Hari Ram

2. I have been advised of the following benefits and reasons for the procedure (s) as indicated by the clinical observations and/ or diagnostic performed. I accept medicine is not an exact science and understand that no guarantee has been or can be made regarding the likelihood of success or outcome
प्रक्रिया के कारण एवम् फायदे के बारे में क्लिनिकल पर्यवेक्षण/नैदानिक प्रदर्शनों के अनुसार जानकारी प्रदान की गई है। मैं स्वीकारता/ती हूँ कि चिकित्सा एक सटीक विज्ञान नहीं है और मैं समझता/ती हूँ कि सफलता या परिणाम की सम्भावना के बारे में कोई गारन्टी नहीं दी जा सकती है।

REASON OF PROCEDURE : B/L inguinal Hernia

BENEFIT :

3. I have been advised that major risks involved in the above procedure (s) are :
मुझे इलाज पद्धति के कारण इससे होने वाले संभावित नुकसान की जानकारी प्रदान की गई है।

RISKS : Pain, Bleeding, Infection, Mesh infection, Recurrence Hernia, Bowel injury.

4. I have been advised of the following existing alternative form of treatment and consequences of not having this procedure.
मुझे इलाज के अन्य विकल्प एवम् इस प्रक्रिया के नही होने के परिणाम समझा दिये गए है।

5. I authorise Dr. Vimal Jain / Dr. Jolly and his associates as may be selected by him/her to perform any part of the above procedure (s) upon myself/the patient. I have been advised and agree that any member of this team may perform any part of my procedure (s) according to his / her stage of training and ability, if in the opinion of the above named physician, the experienced and capability of the assistant surgeon justifies such a decision.
मैं अधिकृत करता/करती हूँ कि डॉ..... व उसके सहयोगी और उनके द्वारा नियुक्त सहायकर्ता को कि वे मेरा/ मेरे मरीज का उपयुक्त इलाज करें। मुझे दिए गए सुझाव के अनुसार मैं इस बात की सहमति देता / देती हूँ कि नियुक्त किए गए सदस्य उपचार विधि में अपनी गुणवत्ता, कौशल और प्रशिक्षण स्तर के अनुसार कार्यवाही करें, यदि उपयुक्त चिकित्सक अपनी राय में सहयोगी सर्जन की क्षमता और अनुभव के आधार पर निर्णय की पुष्टि करते है।

6. It has been explained to me that during the course of the operation/prodedure, unforeseen conditions may be revealed which may necessitate surgical or other emergency procedures in addition to, or different from, those contemplated at the time of the initial diagnosis. Also risk such as blood infection, heart failure, change in blood pressure, anaesthetics/ allergic reactions, paralysis etc. may arise necessitating attention. Therefore I further give consent and authorise the rendering of such additional surgical and other care and treatment as my physician or his designee reasonbly believes necessary.

मुझे विस्तार से बता दिया गया है कि ऑपरेशन की कार्य प्रणाली के दौरान आकस्मिक रूप से हालत बिगड़ने पर आवश्यक शल्य चिकित्सा या दूसरे आवश्यक आपातकालीन तरीके अथवा प्राथमिक निदान के समय निर्धारित तरीकों से अलग प्रक्रिया की आवश्यकता पड़ सकती है और रक्त संक्रमण, दिल या दौरा, रक्तचाप, निश्चेतन / एलर्जी संक्रमण लकवा तथा अन्य रोगो का खतरा हो सकता है। मैं अपने चिकित्सक और उनके सहयोगी को ऐसी स्थिति में उचित उपचार की सहमति और अधिकृत प्रदान करता / करती हूँ

7. I give consent to the photographing or video filming of the procedure (s) for the purpose of advancing medical education; or its publication in scientific journals provided my/the patient's identity is not revealed by the images or descriptions in the text.

मैं अपने शरीर के किसी भाग की होने वाली शल्य चिकित्सा की तस्वीरें या वीडियो फिल्म बनाने की मंजूरी देता/देती हूँ जिसका प्रयोग चिकित्सा, अनुसंधान या शिक्षा से जुड़ा हो परन्तु उसमें मेरी पहचान न बतायी जाए या उसके साथ मेरा कोई विवरण ना दिया जाए ।

8. I understand that if organs or tissues are removed during the surgery that these may be retained for a period of time &then disposed of sensitively by the hospital .

मैं समझता हूँ कि अगर शल्य चिकित्सा के दौरान अंगो या उत्तकों को निकाल दिया जाता है, तो इन्हे कुछ समय के लिए बनाए रखा जा सकता है और फिर संवेदनशीलता से अस्पताल द्वारा निपटारा किया जाएगा ।

9. [ ] I am [ ] I am not suffering from any known allergies/drugs reactions . If allergic, please provide details :

मैं किसी एलर्जी/दवा की प्रतिक्रिया से पीड़ित [ ] हूँ [ ] नहीं हूँ। अगर एलर्जिक हो तो कृपा उसका विवरण दें :

10. I understand that the procedure may include a blood / blood product transfusion.

मैं समझता हूँ कि इस प्रक्रिया में रक्त / उत्पाद आधान शामिल हो सकते है।

11. [ ] I am [ ] I am not pregnant If pregnant, please state by how manly weeks

[ ] मैं गर्भवती हूँ [ ] नहीं हूँ अगर गर्भवती है तो कृपा बताये कितने सप्ताह से है।

PATIENT/ATTENDANT / रोगी/संबंधी*

I acknowledge that I had an opportunity to discuss this procedure, as stated above, with my physician or his / her designee. I certify that the statements made in this consent form have been read over and explained to me in language I easily understand. I have fully understood the implications of the consent and further submit that the statements therein referred to were filled in, and any inapplicable paragraphs stricken off, before I signed/applied my thumb impression.

मैं समस्त जानकर, मेडिकल रिकार्ड, इस्तावेज जो अस्पताल के नियम अधिनियम के अनुसार जरूरी है को प्रदान करने की सहमति प्रदान करता /करती हूं। मै प्रमाणित करता/करती हूं। कि सहमति फार्म में दिए गए कथन मुझे एक आसान भाषा में पढ़ाए तथा समझाये गए है । पूरी तरह से सहमति फार्म के परिणाम को समझता/समझती हूं और यह भी बयान करता/करती हूं कि रिक्त स्थानों को मेरे / मेरे संबंधी द्वारा भर दिया गया है और जो कथन मुझ पर लागू नहीं होते है उन्हे मेरे हस्ताक्षर / अंगूठे के निशान लगाने से पूर्व काट दिया गया है।

Name of the Patient/Guardian/Relative
रोगी / अभिभावक / रिश्तेदार का नाम

1. Siyamand Tanwar (Son)

Name & Signature of the witness 1:
गवाह का नाम व हस्ताक्षर

1.

Relationship with patient
रोगी से संबन्ध

1. Father

Name & Signature of the witness 2:
गवाह का नाम व हस्ताक्षर

1.

(Signature/ Thumb Impression)
हस्ताक्षर / अंगूठे का निशान

Date 14/6/18 9:30 AM
दिनांक

Name of the Doctor

Sign. of the Doctor

Regd. No. 8198

चिकित्सक का नाम व हस्ताक्षर

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Informed Consent

To be filled by Doctor

Procedure Name : ....

Authorisation for medical treatment or diagnostic/therapeutic procedure / चिकित्सा उपचार के लिए प्राधिकरण/अथवा जाँच/चिकित्सीय प्रक्रियाओं के लिए प्राधिकार

1. Instructions/निर्देश

1. The physician or his designee doctors are responsible for obtaining the informed consent

इस फार्म को भरवाने की जिम्मेदारी चिकित्सक या उसके द्वारा नियुक्त किए गए चिकित्सक की है।

2. This consent form should be signed by: The patient if an adult (18 years or older) ; parent /guardian if the patient is a minor, the spouse or adult children or parents or adult brothers or sisters (in this order of priority). If the patients lacks the ability to make an informed decision.

यह सहमति फार्म निम्नलिखित व्यक्तियों द्वारा भरा जाना चाहिए: रोगी यदि वयस्क (18 वर्ष या उससे बड़ा है), अभिभावक/ संरक्षक यदि नाबालिग है, पति या पत्नी, या वयस्क बच्चों या माता - पिता या भाई - बहन आदि (प्राथमिकता के इस क्रम में), यदि रोगी कोई भी निर्णय लेने में असमर्थ है।

2. Patient Profile/रोगी प्रोफाइल

Name : Mr. Hari Ram Age : 83 Sex : M

Father/Husband/Guardian Name : Late Mr. Balley Singh Tel. No. :

Consultant Incharge :

E-mail ID : Bed No.

UHID No. : 818544 IP NO.: 145190 Room No.:

3. Consent (to be filled by the Consultant and Patient/Attendant)

1. I here by authorise the Hospital and those it may designate as staff to perform the following medical treatment/surgical operation, and diagnostic/ therapeutic procedures :

मैं, हॉस्पिटल एवं उसके द्वारा नियुक्त कर्मचारियों को निम्नलिखित स्वास्थ्य संबंधी चिकित्सा/ शल्य चिकित्सा एवं निदान/ चिकित्सकीय प्रक्रियाओं के लिए अनुमति देता/ देती हूँ :

Laprotomy & Proceed.

Mr./Mrs./Mast: Hari Ram

have been advised of the following benefits and reasons for the procedure (s) as indicated by the clinical observations and/ or diagnostic performed. I accept medicine is not an exact science and understand that no guarantee has been or can be made regarding the likelihood of success or outcome

मुझे प्रक्रिया के कारण एवम् फायदे के बारे में क्लिनिकल परीक्षण/नैदानिक प्रदर्शनों के अनुसार जानकारी प्रदान की गई है। मैं स्वीकारता/ती हूँ कि चिकित्सा एक सटीक विज्ञान नहीं है और मैं समझता/ती हूँ कि सफलता या परिणाम की सम्भावना के बारे में कोई गारंटी नहीं दी जा सकती है।

REASON OF PROCEDURE : Abdominal perforation / volvulus

BENEFIT :

3. I have been advised that major risks involved in the above procedure (s) are :

मुझे इलाज पद्धति के कारण इससे होने वाले संभावित नुकसान की जानकारी प्रदान की गई है।

RISKS : Pain, Bleeding, Infection, Resection Anastomosis

I have been advised of the following existing alternative form of treatment and consequences of not having this procedure.

4. मुझे इलाज के अन्य विकल्प एवम् इस प्रक्रिया के नही होने के परिणाम समझा दिये गए है।

5. I authorise Dr. Amol Jain / DR. S. Jolly and his associates as may be selected by him/her to perform any part of the above procedure (s) upon myself/thepatient. I have been advised and agree that any member of this team may perform any part of my procedure (s) according to his / her stage of training and ability, if in the opinion of the above *named physician, the experienced* and capability of the assistant surgeon justifies such a decision.

मैं अधिकृत करता/करती हूँ कि डॉ.. व उसके सहयोगी और उनके द्वारा नियुक्त सहायकर्ता को ... अपनी गुणवत्ता, कौशल और प्रशिक्षण के ... देता / देती हूँ कि नियुक्त किए गए सदस्य उपचार विधि में ...

It has been explained to me that during the course of the operation/prodedure, unforeseen conditions may be revealed which may necessitate surgical or other emergency procedures in addition to, or different from, those contemplated at the time of the initial diagnosis. Also risk such as blood infection, heart failure, change in blood pressure, anaesthetics/ allergic reactions, paralysis etc. may arise necessitating attention. Therefore I further give consent and authorise the rendering of such additional surgical and other care and treatment as my physician or his designee reasonbly believes necessary.

मुझे विस्तार से बता दिया गया है कि ऑपरेशन की कार्य प्रणाली के दौरान आकस्मिक रूप से हालात बिगड़ने पर आवश्यक शल्य चिकित्सा या दूसरे आवश्यक आपातकालीन तरीके अथवा प्राथमिक निदान के समय निर्धारित तरीकों से अलग प्रक्रिया की आवश्यकता पड़ सकती है और रक्त संक्रमण, दिल का दौरा, रक्तचाप, निश्चेतन / एलर्जी संक्रमण लकवा तथा अन्य रोगों का खतरा हो सकता है। मैं अपने चिकित्सक और उनके सहयोगी को ऐसी स्थिति में उचित उपचार की सहमति और अधिकृत प्रदान करता / करती हूँ

I give consent to the photographing or video filming of the procedure (s) for the purpose of advancing medical education; or its publication in scientific journals provided my/the patient's identity is not revealed by the images or descriptions in the text.

मैं अपने शरीर के किसी भाग की होने वाली शल्य चिकित्सा की तस्वीरें या वीडियो फिल्म बनाने की मंजूरी देता/देती हूँ जिसका प्रयोग चिकित्सा, अनुसंधान या शिक्षा से जुड़ा हो परन्तु उसमें मेरी पहचान न बतायी जाए या उसके साथ मेरा कोई विवरण ना दिया जाए।

I understand that if organs or tissues are removed during the surgery that these may be retained for a period of time &then disposed of sensitively by the hospital.

मैं समझता हूँ कि अगर शल्य चिकित्सा के दौरान अंगों या उत्तकों को निकाल दिया जाता है, तो इन्हें कुछ समय के लिए बनाए रखा जा सकता है और फिर संवेदनशीलता से अस्पताल द्वारा निपटारा किया जाएगा।

[ ] I am [ ] I am not suffering from any known allergies/drugs reactions. If allergic, please provide details :

मैं किसी एलर्जी/दवा की प्रतिक्रिया से पीड़ित [ ] हूँ [ ] नहीं हूँ। अगर एलर्जिक हो तो कृपया उसका विवरण दें :

I understand that the procedure may include a blood / blood product transfusion.

मैं समझता हूँ कि इस प्रक्रिया में रक्त / उत्पाद आधान शामिल हो सकते हैं।

[ ] I am [ ] I am not pregnant If pregnant, please state by how manty weeks

[ ] मैं गर्भवती हूँ [ ] नहीं हूँ अगर गर्भवती है तो कृपया बताएं कितने सप्ताह से है।

PATIENT/ATTENDANT / /रोगी/संबंधी*

I acknowledge that I had an opportunity to discuss this procedure, as stated above, with my physician or his / her designee. I certify that the statements made in this consent form have been read over and explained to me in language I easily understand. I have fully understood the implications of the consent and further submit that the statements therein referred to were filled in, and any inapplicable paragraphs stricken off, before I signed/applied my thumb impression.

मैं समस्त जानकर, मेडिकल रिकॉर्ड, दस्तावेज और अस्पताल के नियम अधिनियम के अनुसार जरूरी है को प्रदान करने की सहमति प्रदान करता /करती हूं। मैं प्रमाणित करता/करती हूं। कि सहमति फार्म में दिए गए कथन मुझे एक आसान भाषा में पढ़ाए तथा समझाये गए है। पूरी तरह से सहमति फार्म के परिणाम को समझता/समझती हूं और यह भी बयान करता/करती हूं कि रिक्त स्थानों को मेरे / मेरे संबंधी द्वारा भर दिया गया है और जो कदम मूल पर लागू नहीं होते है उन्हें मेरे हस्ताक्षर / अंगूठे के निशान लगाने से पूर्व काट दिया गया है।

Name of the Patient/Guardian/Relative
रोगी / अभिभावक / रिश्तेदार का नाम
1 Soo

Name & Signature of the witness 1:
गवाह का नाम व हस्ताक्षर
1 Sigyna-d Tanwar

Relationship with patient
रोगी से संबंध
1

Name & Signature of the witness 2:
गवाह का नाम व हस्ताक्षर
1

(Signature/ Thumb Impression)
हस्ताक्षर / अंगूठे का निशान

Date 21/6/18
दिनांक 5:00 PM

Name of the Doctor

Sign. of the Doctor .....

Regd. No. .....

चिकित्सक का नाम व हस्ताक्षर

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified
C-1, JANAK PURI, NEW DELHI - 110058
Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

NABL ACCREDITED M-0375

CONSENT FOR PHYSIOTHERAPY PROCEDURES

Name of the patient Hari Ram Age /Sex 83/M Date 21/6/18

UHID 813303 IP No 190877 Diagnosis Bilateral hernia

UNIT

I hereby request and agree to perform physiotherapy procedures: (Tick wherever is applicable) SWD/ Wax therapy/ traction/ Laser/ Hot packs/ Microwave/ IFT/ CPM Mobilization/ Gait training /Vibrator Any other Gait Training

I understand and being informed that in practice of physiotherapy there are some risk to treatment such as post exercise soreness/muscle cramps/ /giddiness / burns /allergic reactions. I wish to rely on the physiotherapist to exercise and treatment judgment during the course of treatment concerning which treatment (s) are in my best interest based upon my present condition.

Name of Patient..... Name of Physiotherapist

Sign..... Sign

Name of attendant Name of witness

Sign Sign

Relationship Son

MATA CHANAN DEVI HOSPITAL

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

PHYSIOTHERAPY IPD ASSESSMENT FORM

Patient Name: Hari Ram UHID: 81303 IP: 119877 Diagnosis:

OBSERVATIONS	Date	M	A	E	Date	M	A	E	Date	M	A	E	Date	M	A	E	Date	M	A	E	Date	M	A	E
1 PHYSICAL CONDITION	27/8/18																							
a) Able to sit on his own				Support																				
b) Able to stand on his own																								
c) Self ambulatory																								
d) Walking with support																								
e) Unable to sit /turn		✓																						
2 COUGHING EFFORT																								
a) Good																								
b) Moderate			✓																					
c) Mild		✓		✓																				
d) Poor																								
3 PAIN ASSESSMENT																								
Mild/Moderate/ Severe																								
PHYSICAL THERAPY TREATMENT																								
1 CHEST PHYSICAL THERAPY																								
a) Active Chest P.T																								
b) Chest P.T with vibrator		✓																						
c) Chest P.T. in postural drainage position																								
d) Chest P.T. with suction																								
e) Incentive Spirometer																								
	Date	M	A	E	Date	M	A	E	Date	M	A	E	Date	M	A	E	Date	M	A	E	Date	M	A	E
2 EXERCISES																								
a) Passive																								
b) Active																								
c) Active Assisted																								
d) Resisted																								
e) PNF																								
f) Balancing Exercises																								
g) Coordination Exercises																								
h) NDT																								

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI-110058
Ph. : 011-25554487, 25554702, 25610009
Direct : 011-45582194 Extn.: 2193, 2194

CONSENT FOR BLOOD TRANSFUSION

Date 21/6

Patient Name Hari Ram Age/Sex 83 Y/M

UHID 813202 IP No. 148890 Ward/OPD No.

I, the undersigned do hereby give my consent for receiving Blood / component transfusion. It has been informed to me that this blood /components transfusion is essential and life saving for me/my patient. I have been informed in detail about the adverse reaction's including transfusion transmissible Diseases (HIV - I & II, Hepatitis B and C, Syphilis & Malaria) that may occur during or after blood transfusion inspite of all relevant laboratory test and precautions.

I further admit that since these reaction may start naturally during or after blood transfusion despite all precautions and since I have given my informed consent for blood / component transfusions, I / my representative's or nominees shall bound by the same and hospital / Blood Bank shall not be liable of any consequences in any manner whatsoever arising out of such reaction.

Consent taken by Doctor

Name of Doctor

Signature

Dr. Prajanya Prasoon
Resident Medical Officer
DMC Reg. No. 85325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Date / Time : 21/06/18 @ 09:00pm

Signature of Patient / Relatives

(in case patient is unable to give consent)

Name Siyaram Tanwar

Relation Son

Witness Signature

Name Chan Signature

Relation Chan

माता चन्नन देवी अस्पताल

आई एस ओ 9001 : 2008 प्रमाण पत्र
सी-1, जनक पुरी, नई दिल्ली - 110058
फोन - 011-25554487, 25554702, 25610009
डायरेक्ट : 011-45582194 एक्सटेंशन. : 2193, 2194

रक्त अधान के लिये स्वीकृति

रोगी का नाम.....उम्र/लिंग.....दिनांक .....

यू एच आई डी .....वार्ड ओ.पी.डी. नं. .....

मै अधोहस्ताक्षिरित अपने / अपने रोगी के लिये रक्त / रक्त अवयव अधान के लिये अपनी स्वीकृति प्रदान करता हूं। मुझे यह बतला दिया गया है कि अधान मेरे / मेरे रोगी के लिये अत्यंत आवश्यक एवम जीवन रक्षक है। मुझे रक्त अधान से होने वाले दुष्प्रभावों के बारे में जिसमें अधान संकमित रोग एच.आई.वी I & II हेपेटाइटिस B & C, सिफलिस एवम मलेरिया भी शामिल हैं विस्तार से बता दिया गया है। यह दुष्प्रभाव अधान के समय अथवा बाद में भी हो सकते हैं। दुष्प्रभाव रक्त की प्रयोगशाला में गहन जांच एवम अत्यधिक सावधानी लिये जाने के बाद भी सम्भव है।

मै पुनः यह स्वीकार करता हूं दुष्प्रभाव प्राकृतिक रूप के अधान के समय या बाद में प्रयोगशाला में पूर्ण सावधानी लिये जाने के बावजूद हो सकते हैं मैंने लिखित रूप से रक्त / रक्त अवयव अधान की स्वीकृति प्रदान की है। मै / मेरे प्रतिनिधि एवम मेरे वारिस इस सहमति से बाध्य होंगें और चिकित्सालय / रक्त कोष किसी भी रूप में इसके लिये जिम्मेदार नही होगा।

स्वीकृति मेरे समक्ष / मेरे द्वारा ली गई

चिकित्सक का नाम .....

चिकित्सक के हस्ताक्षर.....

दिनांक / समय .....

समय.....

रोगी / सम्बन्धी के हस्ताक्षर

नाम.....

सम्बन्ध.....

साक्षी के हस्ताक्षर

नाम .....हस्ताक्षर.....

रोगी से सम्बन्ध .....

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI-110058
Ph. : 011-25554487, 25554702, 25610009
Direct : 011-45582194 Extn.: 2193, 2194

CONSENT FOR BLOOD TRANSFUSION

Date 22/6/18

Patient Name Hari Ram Age/Sex 83yrs/M

UHID 818544 IP No. 145190 Ward/OPD No. .....

I, the undersigned do hereby give my consent for receiving Blood / component transfusion. It has been informed to me that this blood /components transfusion is essential and life saving for me/my patient. I have been informed in detail about the adverse reaction's including transfusion transmissible Diseases (HIV - I & II, Hepatitis B and C, Syphilis & Malaria) that may occur during or after blood transfusion inspite of all relevant laboratory test and precautions.

I further admit that since these reaction may start naturally during or after blood transfusion despite all precautions and since I have given my informed consent for blood / component transfusions, I / my representative's or nominees shall bound by the same and hospital / Blood Bank shall not be liable of any consequences in any manner whatsoever arising out of such reaction.

Consent taken by Doctor

Name of Doctor

Dr. Jitendra Kumar
Resident Medical Officer
DMC Regn. No. 25137
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Signature of Doctor

Date / Time :

Signature of Patient / Relatives

(in case patient is unable to give consent)

Name Shyamanand Tamrar

Relation SON

Witness Signature

Name ..... Signature .....

Relation Staff Nurse

माता चन्नन देवी अस्पताल

आई एस ओ 9001 : 2008 प्रमाण पत्र
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फोन - 011-25554487, 25554702, 25610009
डायरेक्ट : 011-45582194 एक्सटेंशन. : 2193, 2194

रक्त अधान के लिये स्वीकृति

रोगी का नाम .....उम्र / लिंग.....दिनांक .....
यू एच आई डी .....वार्ड ओ.पी.डी. नं. .....

मै अधोहस्ताक्षिरित अपने / अपने रोगी के लिये रक्त / रक्त अवयव अधान के लिये अपनी स्वीकृति प्रदान करता हूं। मुझे यह बतला दिया गया है कि अधान मेरे / मेरे रोगी के लिये अत्यंत आवश्यक एवम जीवन रक्षक है। मुझे रक्त अधान से होने वाले दुष्प्रभावों के बारे में जिसमें अधान संकमित रोग एच.आई.वी I & II हेपेटाइटिस B & C, सिफलिस एवम मलेरिया भी शामिल हैं विस्तार से बता दिया गया है। यह दुष्प्रभाव अधान के समय अथवा बाद में भी हो सकते हैं। दुष्प्रभाव रक्त की प्रयोगशाला में गहन जांच एवम अत्यधिक सावधानी लिये जाने के बाद भी सम्भव है।

मै पुनः यह स्वीकार करता हूं दुष्प्रभाव प्राकृतिक रूप के अधान के समय या बाद में प्रयोगशाला में पूर्ण सावधानी लिये जाने के बावजूद हो सकते हैं मैंने लिखित रूप से रक्त / रक्त अवयव अधान की स्वीकृति प्रदान की है। मै / मेरे प्रतिनिधि एवम मेरे वारिस इस सहमति से बाध्य होंगें और चिकित्सालय / रक्त कोष किसी भी रूप में इसके लिये जिम्मेदार नही होगा।

स्वीकृति मेरे समक्ष / मेरे द्वारा ली गई

चिकित्सक का नाम .....

चिकित्सक के हस्ताक्षर.....

दिनांक / समय .....

समय.....

रोगी / सम्बन्धी के हस्ताक्षर

नाम.....

सम्बन्ध.....

साक्षी के हस्ताक्षर

नाम .....हस्ताक्षर.....

रोगी से सम्बन्ध .....

BLOOD BANK

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

BLOOD TRANSFUSION NOTES

PATIENTS NAME : Hari Ram

UNIT (BAG) NO. 579

DATE OF COLLECTION 26/3/18

BLOOD GROUP AB

DATE OF EXPIRY 25/3/2019

Dr. Jitendra Kumar
Resident Medical Officer
Reg. No. 25137
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Name & Sign. of Duty Doctor

Name & Sign. of Staff Nurse

Check blood group & cross match report.
Check blood supply report with labels on blood bag.
Check IP No. of patient on label & in record.
check for written informed consent.
Check for 1) Discoloration 2) Presence of clot 3) Leakage
In case of any discrepancy report to blood bank.

Pre transfusion level of hemoglobin 12.0

Transfusion start at 3:30 pm (Time) on 22/06/18 (Date)

Transfusion complete at 4 pm (Time) on 22/6/18 (Date)

Rate of Transfusion 8-10 drops/s drops/ml.

RECORD OF VITALS

	Time of Start	After 15 min.	30 min.	1 hr.	1-30 hr.	2 hr.
B.P.	110/80	110/80	110/80			
PULSE	82	82	80			
TEMP.						
R/R	24	26	24			

In case of reaction

Time ..... Type .....

Medication given: i) ii) iii)

Inform consultant stat
Recording of vitals
(in case of reaction stop transfusion immediately start medication as per the advise of consultant please send adverse transfusion report with details and fresh sample along with blood bag.
Transfusion without any reaction transfusion feed back report should be sent to blood bank stating " No reaction".)

Note. a) No pre medication to patients (if required than as per advise of consultant).
b) No pre warming of blood.
c) Always use transfusion set with filter.
d) Do not add I/V fluid or medicine.

Name & Signature of Duty Doctor

Medical Officer
Reg. No. 25137
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

FRESH FROZEN PLASMA B.P. (Vol. 200-250ml)

~~Voluntary~~ / Replacement Donor

COLLECTED ON	ISSUED ON	EXPIRY ON
26/3/18	22/06/18	25/3/19

RECIPIENT Mr. Hari Ram

HOSPITAL/N. HOME MGDH

BOOKING No. 1141

This unit is Negative for M.P and Non-Reactive for HCV, HBsAg, HIV I & II, Syphilis

DONOR No. 579

INSTRUCTONS :

1. Store below -30°C IP-145790
2. Thaw at 37°C in water bath.
3. Use at earliest after thawing.
4. Use sterile transfusion set with filter.
5. Transfusion may be started within 4 hrs.
6. It should not be refrozen.

ABO COMPATIBLE

AB

BLOOD BANK

Mata Chanan Devi Hospital, A-2D, Janak Puri, New Delhi-58

Mfg. License No. 1698 / 99

BLOOD BANK

Page No. 048

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MATA CHANAN DEVI HOSPITAL

A2D, JANAK PURI, NEW DELHI - 110058

MFG, LICENCE No. 1698/99

Ph. No. 45582193
45582194

BLOOD / COMPONENT SUPPLY REPORT

Date 22/05/18 Time 2:35 pm

Please receive Two Unit of PRBC for the Recipient

Mr./Mrs./ Baby Hari Ram Father / Husband Name Ut. Shri Bellu Singh

Adm / IP No. 145790 Ward / Bed No. Icu-Bed

Hosp/N.H With Address Mata Chanan Devi

X Matching Details

	Recipient's	Donor's	Compatibility Test with Sample Received
Blood Group	"AB" +ve	"AB"	IgM ☐ Compatible
Anti Body Screening	None	None	IgG ☑ Compatible

Blood Unit Tested Non-Reactive for HBsAg, HCV, HIV I & II By 4th Generation ELISA Method, Syphilis Non-Reactive by TRUST & Malaria N.R. by Card Method.	Booking No. 1141
	Blood Bag No. 577, 579
	Segment No. 72PC3933, 72PC3763
Date of Collection 26/3/18, 26/3/18	Do Not Infuse After 25/3/19, 25/3/19

However please note that responsibility of any error in sample collection labeling & dispatch would rest of your ward / hospital.

ISSUED BY / CHECKED BY

Name : Ms Meelam Singh

Signature :

Cross Matched by:

Name : Kusum Gusain

Signature

Blood / Components Once Released Will Not Be Taken Back

* For Instruction please check label & blood transfusion notes.

INSTRUCTIONS

All transfusion must be started under supervision on Medical Officer with availability of Emergency medicine & oxygen cylinder. As if may cause post transfusion reaction is some cases which may be allergic to anaphylactic inspite of all compatibility tests performed on Blood Unit (Only IgM & IgG antibodies are tested).

Blood/Components should be taken out from the Blood Bank for definite use only. Because in Blood Bank they are stored on controlled temperature and other ideal conditions. Where they can be stored till the date of Expiry. As it is not possible at patient care site to maintain all these mandatory requirements (Platelets are stored at continuous agitation and temperature 22°C±2°C).

Please follow the instructions on the label of Blood / Component Bags strictly.

Platelet Concentrate /	:	Transfusion should be started as early as possible and must be completed in approximately 20 minutes.
Fresh Frozen Plasma	:	Transfusion should be started as early as possible or within 12 hours (if stored at 4°C). It should not be refrozen.
Whole Blood / Packed Cell	:	Start transfusion within 1 hour. Transfusion must be completed within 4 hours.

Note :- ***Please ensure appropriate use of blood. It can result in transmission of disease (HIV I & II, Hepatits B, Hepatitis C, Syphilis & Malaria) inspite of the test carried out on it because of technical limitation's including window periods. It can also cause other non-infectious Post transfusion reactions.***

BLOOD BANK

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

BLOOD TRANSFUSION NOTES

PATIENTS NAME : Hari Ram

UNIT (BAG) NO. 577

DATE OF COLLECTION 26/3/2018

BLOOD GROUP FFP AB

DATE OF EXPIRY 25/3/2019

Check blood group & cross match report.
Check blood supply report with labels on blood bag.
Check IP No. of patient on label & in record.
check for written informed consent.
Check for 1) Discoloration 2) Presence of clot 3) Leakage
In case of any discrepancy report to blood bank.

Name & Sign. of Duty Doctor

Name & Sign. of Staff Nurse

Pre transfusion level of hemoglobin 12.0

Transfusion start at 4 pm (Time) on 22/6/18 (Date)

Transfusion complete at 4:30 pm on 22/6/18

Rate of Transfusion 8 drops/min drops/ml.

RECORD OF VITALS

	Time of Start	After 15 min.	30 min.	1 hr.	1-30 hr.	2 hr.
B.P.	100/80	110/80	110/80			
PULSE	102	102	102			
TEMP.						
R/R	24	26	24			

In case of reaction

Time ..... Type .....

Medication given: i) ii) iii)

Inform consultant stat
Recording of vitals
(in case of reaction stop transfusion immediately start medication as per the advise of consultant please send adverse transfusion report with details and fresh sample along with blood bag.
Transfusion without any reaction transfusion feed back report should be sent to blood bank stating " No reaction".)

Note.
a) No pre medication to patients (if required than as per advise of consultant).
b) No pre warming of blood.
c) Always use transfusion set with filter.
d) Do not add I/V fluid or medicine.

Dr. Jitendra Kumar

Name & Signature of duty Doctor

FRESH FROZEN PLASMA B.P. (Vol. 200-250ml)

Voluntary / Replacement Donor

COLLECTED ON	ISSUED ON	EXPIRY ON
26/3/18	22/06/18	25/3/19

RECIPIENT Mr. Hari Ram

HOSPITAL/N. HOME MGSM

Registration No. 145190	Booking No.	DONOR No.
This unit is Negative for M.P and Non-Reactive for HCV, HBsAg, HIV I & II, Syphilis	1141	577

INSTRUCTONS :

1. Store below -30°C
2. Thaw at 37°C in water bath.
3. Use at earliest after thawing.
4. Use sterile transfusion set with filter.
5. Transfusion may be started within 4 hrs.
6. It should not be refrozen.

ABO COMPATIBLE

AB

BLOOD BANK

Mata Chanan Devi Hospital, A-2D, Janak Puri, New Delhi-58

Mfg. License No. 1698 / 99

BLOOD BANK

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MATA CHANAN DEVI HOSPITAL
A2D, JANAK PURI, NEW DELHI - 110058
MFG, LICENCE No. 1698/99

Page No. 044

Ph. No. 45582193
45582194

BLOOD / COMPONENT SUPPLY REPORT

Please receive TWD Date 21/6/18 Time 9:45PM
Mr./Mrs./ Baby Hari Ram Unit of FFP for the Recipient
Adm / IP No. 145190 Father / Husband Name S.H. Balbir Singh
Hosp/N.H With Address MGDH Ward / Bed No. ICU

X Matching Details

Blood Group	Recipient's AB+ve	Donor's AB	Compatibility Test with Sample Received
Anti Body Screening	None	None	IgM ☑ Compatible IgG ☑ Compatible

Blood Unit Tested Non-Reactive for HBsAg, HCV, HIV I & II By 4th Generation ELISA Method, Syphilis Non-Reactive by TRUST & Malaria N.R. by Card Method.

Date of Collection 24/3/18, 25/3/18

Booking No. 1138
Blood Bag No. 566, 571
Segment No. 72KY6005, 72KY6085
Do Not Infuse After 23/3/19, 24/3/19

However please note that responsibility of any error in sample collection labeling & dispatch would rest of your ward / hospital.

ISSUED BY / CHECKED BY
Name : Amit Kr
Signature :

Cross Matched by:
Name : Neeraj Ko Tanwar
Signature :

Blood / Components Once Released Will Not Be Taken Back

For Instruction please check label & blood transfusion notes.

INSTRUCTIONS

All transfusion must be started under supervision on Medical Officer with availability of Emergency medicine & oxygen cylinder. As if may cause post transfusion reaction is some cases which may be allergic to anaphylactic inspite of all compatibility tests performed on Blood Unit (Only IgM & IgG antibodies are tested).

Blood/Components should be taken out from the Blood Bank for definite use only. Because in Blood Bank they are stored on controlled temperature and other ideal conditions. Where they can be stored till the date of Expiry. As it is not possible at patient care site to maintain all these mandatory requirements (Platelets are stored at continuous agitation and temperature 22°C±2°C).

Please follow the instructions on the label of Blood / Component Bags strictly.

Platelet Concentrate /	:	Transfusion should be started as early as possible and must be completed in approximately 20 minutes.
Fresh Frozen Plasma	:	Transfusion should be started as early as possible or within 12 hours (if stored at 4°C). It should not be refrozen.
Whole Blood / Packed Cell	:	Start transfusion within 1 hour. Transfusion must be completed within 4 hours.

Note :- ***Please ensure appropriate use of blood. It can result in transmission of disease (HIV I & II, Hepatits B, Hepatitis C, Syphilis & Malaria) inspite of the test carried out on it because of technical limitation's includin window periods. It can also cause other non-infectious Post transfusio reactions.***

BLOOD BANK

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

BLOOD TRANSFUSION NOTES

PATIENTS NAME : Hari Ram

UNIT (BAG) NO. 566

DATE OF COLLECTION 24/3/18

BLOOD GROUP AB +ve

DATE OF EXPIRY 23/3/19

Check blood group & cross match report.
Check blood supply report with labels on blood bag.
Check IP No. of patient on label & in record.
check for written informed consent.
Check for 1) Discoloration 2) Presence of clot 3) Leakage
In case of any discrepancy report to blood bank.

Dr Prajanya Prasoon
Resident Medical Officer
DMC Regn. No. 65325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Name & Sign. of Duty Doctor

Name & Sign. of Staff Nurse

Pre transfusion level of hemoglobin 15.8 gm/dl.

Transfusion start at 11:15 pm (Time) on 21/6/18 (Date)

Transfusion complete at 11:30 pm on 21/6/18

Rate of Transfusion ~~8-10-12~~ 10-15 drops/ml.

RECORD OF VITALS

	Time of Start	After 15 min.	30 min.	1 hr.	1-30 hr.	2 hr.
B.P.	140/80	140/80				
PULSE	78/m	78/m				
TEMP.	98.2	98.4				
R/R	20/m	22/m				

In case of reaction

Time ..... Type .....

Medication given: i) ii) iii)

Inform consultant stat
Recording of vitals

(in case of reaction stop transfusion immediately start medication as per the advise of consultant please send adverse transfusion report with details and fresh sample along with blood bag.
Transfusion without any reaction transfusion feed back report should be sent to blood bank stating " No reaction".)

Note.
a) No pre medication to patients (if required than as per advise of consultant).
b) No pre warming of blood.
c) Always use transfusion set with filter.
d) Do not add I/V fluid or medicine.

Dr. Prajanya Prasoon
Resident Medical Officer
DMC Regn. No. 65325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Name & Signature of duty Doctor

FRESH FROZEN PLASMA B.P. (Vol. 200-250ml)

Voluntary / Replacement Donor

COLLECTED ON	ISSUED ON	EXPIRY ON
24-3-18	21-6-18	23-3-19

RECIPIENT Hari Ram

HOSPITAL/N. HOME MCDH

Registration No. 145190

This unit is Negative for M.P and Non-Reactive for HCV, HBsAg, HIV I & II, Syphilis	Booking No. 1138	DONOR No. 566

INSTRUCTONS :

1. Store below -30°C
2. Thaw at 37°C in water bath.
3. Use at earliest after thawing.
4. Use sterile transfusion set with filter.
5. Transfusion may be started within 4 hrs.
6. It should not be refrozen.

ABO COMPATIBLE

AB

BLOOD BANK

Mata Chanan Devi Hospital, A-2D, Janak Puri, New Delhi-58

Mfg. License No. 158 / 99

BLOOD BANK

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

BLOOD TRANSFUSION NOTES

PATIENTS NAME : Hari Ram

UNIT (BAG) NO. 571

DATE OF COLLECTION 25/3/18

BLOOD GROUP AB +ve

DATE OF EXPIRY 24/3/19

Check blood group & cross match report.
Check blood supply report with labels on blood bag.
Check IP No. of patient on label & in record.
check for written informed consent.
Check for 1) Discoloration 2) Presence of clot 3) Leakage
In case of any discrepancy report to blood bank.

Dr. Prajanya Prasoon
Resident Medical Officer
DMC Regn. No. 65325
Name & Sign.
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58
Duty Doctor

Name & Sign. of Staff Nurse

Pre transfusion level of hemoglobin ..... 15.8 gm/dl.

Transfusion start at ..... 11:45 pm (Time) ..... on ..... 21/6/18 (Date)

Transfusion complete at ..... 12 am. ..... on 22/6/18

Rate of Transfusion ..... 10-15 ..... drops/ml.

RECORD OF VITALS

	Time of Start	After 15 min.	30 min.	1 hr.	1-30 hr.	2 hr.
B.P.	130/80	130/80				
PULSE	76/m	78/m				
TEMP.	98.2/F	98.4/F				
R/R	20/m	22/m				

In case of reaction

Medication given: Time ..... Type .....
i) ii) iii)

Inform consultant stat
Recording of vitals

(in case of reaction stop transfusion immediately start medication as per the advise of consultant please send adverse transfusion report with details and fresh sample along with blood bag.
Transfusion without any reaction transfusion feed back report should be sent to blood bank stating " No reaction".)

Note.
a) No pre medication to patients (if required than as per advise of consultant).
b) No pre warming of blood.
c) Always use transfusion set with filter.
d) Do not add I/V fluid or medicine.

Dr. Prajanya Prasoon
Resident Medical Officer
DMC Regn. No. 65325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Name & Signature of duty Doctor

FRESH FROZEN PLASMA B.P. (Vol. 200-250ml)

Voluntary / Replacement Donor

COLLECTED ON 25-3-18	ISSUED ON 21-6-18	EXPIRY ON 24-3-19
RECIPIENT Hari Ram MCDH		
HOSPITAL/N. HOME	DONOR No. 571	
BOOKING No. 1138		
This unit is Negative for M.P and Non-Reactive for HCV, HBsAg, HIV I & II, Syphilis 145190		ABO COMPATIBLE AB

INSTRUCTIONS :
1. Store below -30°C
2. Thaw at 37°C in water bath.
3. Use at earliest after thawing.
4. Use sterile transfusion set with filter.
5. Transfusion may be started within 4 hrs.
6. It should not be refrozen.

BLOOD BANK

Mata Chanan Devi Hospital, A-2D, Janak Puri, New Delhi-58
Mfg. License No. 1698 / 99

MATA CHANAN DEVI HOSPITAL

MATA CHANA

ISO 900

C-1, JANAK PU

Ph. : 011-45582000, Emergency:

PROGR

IP NO. : 145190

R NO. : 818544

Name : Mr./HARI RA/83/Yrs/MALE

Panel : RAKSHA TF

Room/Ward : S243 -01 PRIVATE WARD SECOND FLOOR

DOA/TOA : 19/06/2018 7.39 AM PRIVATE

Unit/Cons : GSR-2

Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

UHID No. .....

19/6/18
9:20 PM

CSR-II

C/O B/L Inguinal swelling.

K/C/O HTN & BPH on T/t.
H/O Vasectomy in 1971.
H/O Lap Cholecystectomy in 4 yrs ago.

Adv

- MRO
- Inj. Monocef 1 gm IV stat (PT)
- Inj PAN 40 IV stat
- Pre-op preparation
- Informed consent
- Senior on call.

19/6/18
9 am

~~Anesthesia Note~~

RA & USG WA
Significant gaseous bowel distension

Lun (N)
BB will seen (h/o pug)
Para SRP ohnmed
RIC | (N)
UC |
CB empty

Anesthesia Note

19/06/18
7:00 PM

83 years / M.
O/C/O: (B/C) hernioplasty LSAB
c/o: Pain in abdomen
Gaseous distension of Abdomen

O/E
VAS: 8/10
PR: 110/min
BP: 146/80 mmHg
RR: 40/min
RS AEBE, clear
CVS: S1S2 (N)
NO murmur
CNS: NAD

Advice
- Surgeon reference given
- Usg Abdomen
- Xray Abdomen given
- Inj PCM 1gm IV stat given.
- all PR vitals

Name : Hari Ram
I.P. No.: 14590
UHID No. 818544

PROGRESS REPORT

19/6/18
8:50pm

Surg - 2

CC = 2 d/c
PR = 104/min
BP = 150/80
afebrile

Conscious
P/A = tense
tenderness ⊕
generalized,
BS - ⊖

Foley's catheter put
U/O ≈ 200 ml
clear
Amber colored

RT inserted → NO aspirate

on O_2 @ 4 lit/hr
SpO_2 = 100%

c/o pain abd & distension
not passing flatus

USG W/A :- Significant generous :
Bowel distention ⊕

XRay abd < E/S :→ No gas L. diaphragm
→ No air fluid level
→ WNL.

Adv :

→ Restrict IV fluid to 80 ml/hr

→ Inj lasix 20mg - IV stat

→ NPO.

→ I/O charting strictly

→ WB strictly, Inform Sos

→ Inj voveran 1ml stat gim

→ Inj Paracip 100ml - IV stat

[illegible]

MATA CHANAN DEVI HOSPITAL

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

Name Hari Ram
I.P. No.: 14590
UHID No. 818544

PROGRESS REPORT

20/06/18
8.30 am

Anesthesia Note

Hemodynamically stable

O/E — c/o pain in abdomen.

PR: 117/min
BP: 149/70 mmHg
RR: 26/min
SpO2 97% on air
RS: AEBE, clear
CVS] NAD
CNS]

Advice
- Inj. Pantop 75 mg IV in NS stat
- ccl PR vitals

[illegible]
[illegible]
Time [illegible]
[illegible]

20/6/18
9:30 AM
(M)

CSR-II

Cl. ~~at~~ SICK
Afebrile
Pulse - 100/m
BP - 150/90
RS. BAE (+)
CVS - S1S2 (+)
P/A - soft, BS - sluggish
Fluids not permitted.

Adv N/RO

- Sr. electrolyte - Inj MONOCEF 1gm IV BD
- Sr. Cr^{nt} - Inj PAN 40 IV BD
- Inj EMSET IV BD
- Inj DYNAPAR IV TDS
- I/O - I.V.F RL / DNS @ 80 ml/hr.
- W/F/L
- I/O charting

Dr. [illegible]
Cheetah 6/SD

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

Name : Hari Ram
I.P. No.: 17590
UHID No. 018544

PROGRESS REPORT

11AM
20/6/18
MM

Abd distention ++
BS absent.
P 120/min.
U/S WA - (N) Chest clear.
Xray abd - (N)

Adv
CBC, KFT

UOP - 900ml/since operation.
Intake - 600ml

IV fluids.
100ml/hr -
Inj. KCl 1amp in the drip.
slowly IV infusion in the running D.

Na+ 138.2
K+ 5.0
Ca++ 8.1

- Physician ref.

S/P Surg II

20/6/18
4:30 pm

c/o pain & tel

P/A - Mild tend (+)
Mild dist " (+)
BS -/-

LE - B/L wd on
(Healthy)

No cost vertebra

Urethral catheter (+)

NPO
-CSF

Urea - 41
- 1.32
Cr
Na - 138
K - 5.0
TLC - 13,700

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

Name : Hari Ram

I.P. No.: 145180

UHID No. 818544

PROGRESS REPORT

20/6/18 Patient is Post op case of Inguinal Hernia repair

GC - fair

afebrile

Conscious, oriented

c/o: Pain per abdomen c̄ perspiration.

Adv: - ECG done

- inj Ranitidine 50mg IV

ECG :- Similar to pre-operative ECG.

- Head up position

- 100% O_2 @ 5L

- Monitor vitals

- Inj Zofer 8mg SOS.

Dr. Kaushal

18-7-18

Chief

4/6/18
9 AM

Med 3

Thanks for the Reference

Cal for Tachycardia Since yesterday
Patient is operated for B/L
Inguinal Hernia.
Day 2

Previous ECG on PAC - RBBB
LAD (+)

No Previous Cardiac H/O.

Afebrile
Conscious
PR 120 B/m
BP 150/80 mmHg
Spo2 96% on R.A

2D Echo
LVEF 60%

(X) LA, LV, RA, RV.

Chest - Clear, B/L AE (+)

ECG (-) Atrial fibrillation
2016 (Irregular Heart Rate)
Trace MR
HR 130 B/m.
RBBB
LAD.

Adv:-
- Repeat ECG today
- Ionized Ca2+, Mg2+

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PROGRESS REPORT

Name : Hari Ram
I.P. No.: 14590
UHID No. 018544

21/6/18
9.30 AM

ESR-II

Gen. soc
Afebrile
Pulse - 110/m
BP - 140/90
RS - BAE (+)
CVS - S1S2 (+)
P/A - soft, BS - , Distention (+)

Input - 2400 ml Output - 2350 ml.
(in 24 hrs)

Adv
Cardiologist Referral.

Adv
- NPO
- Inj MONOCEF 1gm IV BD
- Inj PAN 40 IV BD
- Inj EMSET IV BD
- Inj DYNAPAR IV TDS
- IVF RL / DNS (2) 10 ml/hr
Dulcolax supp. (2) stat

KFT
CBC

BD

Chest physiotherapy
mobilization

Dr. Chakraborty
6/18

21/6/18

physio (N) (11:00 am)
Chest physiotherapy

M Injaid

21/6/18
8:00 pm

CSR-II

C/c- sick
Afebrile
Pulse - 125/m
BP. 140/90

TLC - 17,860

Adv
- Inj TAZAR 4.5 gm IV TDS
- Inj METROGYL 100ml TDS
- S/c/o MONOCEF

Chakraborty

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

Name : Hari Ram

I.P. No.: 14590

UHID No. 018544

PROGRESS REPORT

16/6/18
5:40 PM

High Risk Consent:

हमें डॉक्टर ने बताया है के हमारे मरीज के आँतों में रुकावट है जिसके लिए ऑपरेशन की जरूरत है। इस ऑपरेशन में निम्नलिखित Procedure की जरूरत हो सकती है - Pain, Bleeding, Infection

Resection Anastomosis, Ileostomy, Hemicolectomy

ऑपरेशन के दौरान या बाद में जान के खतरा हो सकता है, I.C.U में Admission की जरूरत हो सकती है Ventilator के सहायता की जरूरत हो सकती है।

ये सब जानते हुए भी हम अपने मरीज के ऑपरेशन के लिए तैयार है।

Dr. Pitambar's Medical Office
Resident Medical Officer
Regd. Reg. No. 65325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Head
(Gyanand Tanwar)
SUN.
21-06-2018

Jen Notes

Adv - CBT
C/M
- CBC
- KFT
- LFT
- Urine RME c/s
- Repeat ECG

Pt. received from Post Opp. inguinal for B/L Hernia

BP = 140/80 mmHg
Pulse = 76/min
RR - 22/min
SpO_2 = 96%
pt : conscious oriented
GCS = 15/15

Dr. Prajanya Prasoon
Resident Medical Officer
DMC Regn. No. 65325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

22/6 Physio

Contd c̄ chest physio

Shiny
Gulshan Sayeed
(Physio)

MATA CHANAN DEVI HOSPITAL

Progress Sheet

To be filled by Doctor

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
mitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : _____ D No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
22/6/18 9:30AM	S/B Surg II Pulse - 100/m BP - 130/80 P/A - Tenderness +ve - BS - ↓ absent 2FFP transfused yesterday Drain (Rt / Lt) 10-20 ml Serosanguinous Input - 1500 + 2FFP output - 835 ml - 50-60 ml/hr. Adv 2 OFFP - Empty drains. - Inj KCl 1 amp in drip & give slowly IV - Steam Inhalation TDS. + Oral hygiene.	Hb = 12.0 TLC = 12240 Urea - 62 Creatinine - 1.17 Na+ - 138.8 K+ - 3.9 S. Albumin - 3.02 RBS - 123 mg/dl Adv - NPO - Inj TAZAR 4.5 gm IV TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj EMSET IV BD - Inj OFLOX 200mg BD - Inj PARACIP 100 ml TDS - Nebulization Duolin TDS - IVF @ 100 ml/h Budecort BD

MCDH / IPD / Progress Notes form / F-53 / Ver-2 / jun-18

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
22/6	Physio ambulation c̄ support contd Dr Shitij Sapra PT (Physio)	
22/6/18 5 pm	S/VS Surg IC Drain { R - Nil L - Nil GL Sanio HLeb PSA - Sold, N7 BS sluggish CS7	

MATA CHANAN DEVI HOSPITAL

Progress Sheet

To be filled by Doctor

R NO. : 818544 IP NO. : 145190
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anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
dmitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : _____

ID No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
22/06/18 7.30 PM	C/S/b DOD D/S:- post op B/L Inguinal hernia repair (B/L) - post op Exp. laparotomy + Resection & Anastomosis - HTN - BPH.	
7/0- 1100ml / 455ml	Pt is conscious & oriented Vitals to touch O/E G.C.- Sick B.P - 110/70 mmHg PR - 95/min Spo2 - 98% on Nebulisation Chest - B/L AE (+) CVS - S1S2 (+) CNS - conscious PA - Mild distention (+) B.S.- V.V audible 5-6 sounds/min	- Cont. RT aspiration (+) - @ Drain 1 (+) → 5ml - @ Drain 2 (+) - 2-5ml - Foley's (+)
8/m	→ Hb → TLC, DLC → KFT.	Adv → 2 units fluid - 200 ml fast & + 2 units blood 125 ml/h → W/F urine output & U/O < 35 ml/hr for continuous 2 hrs inform → W/F Abd. distention → W/F Sepsis

MCDH / IPD / Progress Notes form / F-53 / Ver-2 / jun-18

→ Pus C/S, Gram

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23/6	physio (M) (8:30 am) Chest physio contd + Incentive spirometry (physio)	

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

Patient Name: R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
ancl : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

IP No. : _____ UHID No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23/6/18 10:40 AM	C.S/B - Surgery - II	
	G.C. stable Pulse - 100/min BP - 110/80 P/A - Tenderness (+) B.S ++ Drain - Rt / Minimal Lt (S.S) Urine output - 1460 ml Input - 3600 ml 2 FFP transfused on 22/6/18.	Hb = 10.5 TLC = 9290 Na+ - 145.5 K+ - 3.8 Albumin - 3.16
	Stable Change # Drug Laser long WSat Adv - NPO - Inj TAZAR 4.5 gm TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj EMSET 4 mg BD - Inj OPLOTA 20 mg BD - Inj PARACIP 100 ml TDS SOS - Nebulisation c̄ Duolin TDS c̄ Budecort BD - Incentive spirometer 3rd hourly	

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL).
23/6/2018 10.40 am	Critical care Posl op case of ~~Her~~ Inguinal Hernia and intestinal perforation repair	
	BP - 110/80 mmHg PR - 95/min RR - 13/min T° - 98.2°F	Hb - 10.5 gm/dl TLC - 9290 Platelet - 45 S. Crt - 1.0 Na - 145.5 K - 3.8
	Crt B/L air entry ⊕ CVS - S1 S2 (N) CNS - Conscious RT - DSg ⊕ Drain insitu BS ⊕	
		Adv:- - Continue R.T. aspiration - I/O charting - Incentive Spirometry 3rd hly - Physiotherapy - Mobilisation - Monitor vitals
	DS Kumar DMC 34690	Dr. Jitendra Kumar Resident Medical Officer DMC Reg. No 25137 Mata Chanan Devi Hospital C-1, Janak Puri, New Delhi-58

MATA CHANAN DEVI HOSPITAL

Progress Sheet

To be filled by Doctor

C-1, JANAK PURI, NEW DELHI - 110058

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : _

UHID No. : _

IP No. : __

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
28/6 8:00am	Physiotherapy Cont. & ambulation c support	Sing support Dist. support (physio)
23/6/18 6 pm	S/O Surg Dr	G/ same AHL P - 100/m SpO2 - 92% P/A - Soft, NT CS

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23-6-18 2:45 PM	Case seen by critical care. Post op/B/L inguinal hernia c̄ exp-laprotomy c̄ HT, NC BPH.	
	SpO2=90%	G/C-WK PIR-101/min BP-130/80 mmHg
	UOP++	Chest B/L-Air entry (+) CVS-S1S2 (+)
	HB 10.5 TLC=9290 BU=45 Creat 1.0 Na+=145.5 K+=3.8	CNS-conf P/A Drain inserted
	RL/DN S @ 100ml/hr	AdN CST. CBC/KFT. CXR. C/M. Rest as per adv. surgery unit. DR A zaheer critical care SSM-17031

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet

To be filled by Doctor

Patient Name

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

83 yrs/M HID No. : 818544

GSR - II

IP No. : ____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/18	physio (M) (9:00 am) chest physio cont'd	Mrinjaulm

DATE & TIME.	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
29/6/18 10 AM	C/S/B GSR-II GC-stable BP - 139/80 mmHg PR - 92/min P/A - Tenderness (+) B/S (+) Drain - Rt } Minimal Lt } Urine output - 980ml Input - 3200ml - Inj KCl (1) amp in NS - Mobilize the pt. - CST	HB - 10.7 TLC - 7400/cmm Na - 148.2 K+ - 3.4 Albumin - 2.91 CVS - S1S2 (+) CNS - Concious, Oriented GCS - E4V5M6 RS - BAE (+) Adv Inj TAZAR 4.5gm TDS Inj METROGYL 100ml TDS Inj PAN 40mg BD Inj EMESET 4mg BD Inj TRAMADOL 1amp BD Inj PARACIP 100ml SOS. T. AMLODIPINE BD. 5mg. T. IVABODE 5mg BD. NEB c̄ DUOLIN 1Resp TDS. NEB c̄ BUDECORT 1Resp BD STEAM INHALATION TDS.
	Dr. H.T. Tamang Dr. H.T. Tamang Duty Dr.	

MATA CHANAN DEVI HOSPITAL

Progress Sheet
To be filled by Doctor

G-4, JANAK PURI, NEW DELHI -110058

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : CSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : 7/M **UHID No. :** 818544

CGSR-II

IP No. : 14

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/2018	Critical care BP - 130/80 mm PR - 79/m RR - 13/m T° - 98.4°F Nebs B/Lair ent CVS - P.S. CNS - Conscious PA - Soft	TLC - 7400 Blood - 51 Serum - 0.92 Na - 148.2 K - 3.4 Adv - Physiotherapy - Mobilisation - Incentive spirometery - Steam Inhalation - Monitor vitals

Dr. Vimal Kumar
Senior Medical Officer
Reg. No. 25137
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/18	C/S/B DOD c/o Post op Day 3 Inguinal hernia ē Exp. Laparotomy ē HTN ē BPH Gen Stable Conscious oriented BP 140/80 mmHg Pulse 98/min Chest B/L NVB ⊖ CVS S1S2 ⊖ SpO2 98% RR 20/min P/A soft	Adv → Strict vital charting → CBC, KFT c/m → Rest c/m Sanjeev 12707

MATA CHANAN DEVI HOSPITAL

Progress Sheet

To be filled by Doctor

CR NO. : 818544 IP NO. : 145190
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Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
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Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : **UHID No. :**

IP No. :

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/18	GSR-II GC - stable Afebrile Pulse - 90/min BP - 130/80 RS - BAE (+) CVS - S1S2 (+) P/A - soft, BS (+), Pleates palpated Adv - NPO - CST	

MCDH / IPD / Progress Notes form / F-53 / Ver-2 / jun-18

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/18 9:30 AM	CSR-II GC - Stable Pulse - 87/min BP - 130/80 RS - BAE (+) CVS - S1S2 (+) P/A - Soft, BS (+) flatus passed Drain - Both Minimal (S.S) Ryle's tube - 200 ml Input : Output :-	Hb = 11.8 TLC = 8950 Urea - 51 Na+ = 148.1 K+ - 3.9 Albumin = 2.85 Creat - 0.91
	- CS - Mobilize the pt.	Adv - Oral sips of water - Inj TAZAR 4.5 gm TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj EMESET IV BD - Inj PARACIP SOS - T. AMLODIPIN 5 mg BD - T. IVABRADINE 5 mg BD - Mobilization c̄ Duolin & Budecort - Spirometry 3rd hourly

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

CR NO. : 818544
Name : Mr./HARI RAM/83/Yrs/MALE IP NO. : 145190
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DI (25439)

Patient Na ... ex : _____ UHID No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/2018	Cottrel case post op case of Inguinal Hernia and intestinal perforation Repair BP-130/80 mm PR - 82/m RR - 14/m T - 98.2°F CVS - B/L air entry (+) CVS - S1 S2 (+) CNS - Conscious PA - Soft	Hb - 11.8 gm/dl TLC - 8950 Blurea - 51 Screat - 0.91 Na - 148.1
	↓ IV FLUID TO 60mL/HR	Adv - Physiotherapy - incentive spirometry 3rd/hr - steam inhalation TDS - Mobilization - sips of water - Monitor vitals

Rsumane
DMC 34690

Dr. Jiten ...
Re...
Di... Hospital
Mata ...
C-1, Janak Puri, New Delhi-58

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/18	physio (M) (10:00am) ambulate c̄ support c̄ O2 support) + DBE	M Rajath
25/6/18	physio (E) chest physio cont'd	M Rajath

MATA CHANAN DEVI HOSPITAL
CDH

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALITI JOLLY DM (25439)

Progress Sheet

To be filled by Doctor

Patient Name : _____ UHID No. : _____

IP No. : _____ D. O. A. : _____ Unit : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/18 5:00 PM	C/S/B GSR-II GC-Stable PR-92/min. BP-120/70 mmHg RS-BAE (+) CVS-S1S2 (+) P/A-Soft BS (+) Flatus passed. Drain - Both minimal ~~Ryle's tube~~ - Input - 2600 ml output - 820 ml	Adv -C.S.T. Inform SOS Dr Hitender DMR CT.

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
5-15PM 25/6/18	Stable Abdsoft passing flatus Comfortable. CXR PA view Chest Phys' review.	℞ Liq soft diet Infusions some/hr. Adv MVI 1 amp in drip OD
25/6/18 6 10 pm	Pulmonology - Thanks for referral. - Case Hx. noted - Course during the hospitalization noted. O/E:- GC sick Afebrile. Chest:- B/L basal crepts (+) SpO_2 = 85% (on room air) 92% (on O_2 @ 2 l/min)	Adv. (1) Keep propped up. (2) Maintain SaO_2 >92% (3) Incentive Spirometry - 3rd hrly (4) ABG - c/R (5) CXR-PA view DR. C. PANJABI SMC-5565

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet

To be filled by Doctor

Patient Name : CR NO. 818544 IP NO. : 145190
Name Mr./HARI RAM/83/Yrs/MALE
Panel RAKSHA TPA gipsa
Room/Ward G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA 19/06/2018 7.39 AM PRIVATE
Unit/Cons GSR-2
Admiting Doctor Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DM (25439)

UHID No. :

IP No. :

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
	Icu Notes	25/06/18 @ 05:50 pm
	G/E	
	GC - Sick conscious GCS = 15/15	
	BP - 120/70 mm of Hg.	
	Pulse - 102/min	
	RR - 18/min	
	SpO2 - 92% c O2 support @ 3 lit/min	
	O/E	
	Chest - B/L A/E (+)	
	CVS - S1S2 (+)	
	PA - soft B/S (+)	
	CNS - Conscious	
	Adv.	
	- Monitor vitals 1 hrly	
	- Inform SOP.	
	- Rest c SP	
	- Chx	
	- CBC	
	- KFT	
	- ABG	
	- CXR	
	Dr. Prajanya Prasoon Resident Medical Officer DMC Regn No. 65325 Mata Chanan Devi Hospital C-1, Janak Puri, New Delhi-58	Prog. and criticality of pt. has been explained in his own language to Mr. Siyanand Tanwar (Son) [signature]

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL).
26/6/18	physio (M) (9:10 am)	chest physio could not perform
26/6/18 (M) 9:30 AM	CICR-II C/C - Stable Pulse - 90/min BP - 120/80 SpO2 - 95% c O2 RS - BAE (+) CVS - S1S2 (+) P/A - soft, BS (+), Foley present Input - 2760 ml out put - 805 ml Shift to Ward	Adv - soft diet - Inj TAZAR 4.5 gm IV TDS - Inj PAN 40 IV BD - Inj EMSET IV BD - Inj PARACIP 500 mg SOS - Tab AMLODIPIN 5 mg BD - Tab IVAMODE 5 mg BD - Nebulization c Duolin - BD i Budecort - TDS - Spirometry 3rd hourly

Dr. Pradeep Prasoon
Resident Medical Officer

6/15

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

Patient Name : CR NO. 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALITI JOLLY DMC (25439)

IP No. : ____ Sex : ____ UHID No. : ____

DATE & TIME	OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6/18 10-40 pm K 3.1	C/S/B Dr Sumane	Rx Add 1 amp KCl in any vol of N/2 send S.Mg ↓ T. AMLODEPINE to 5mg OD (Na, K) 4 pm High pto Dr Sumane DMC 34690

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6/18	Pulmonology	
	c/o - Inguinal Hernia c̄ expl. Laparotomy.	
	Δ - Hrno / BPH	
U - 49		
Cr - .78		
Bilirubin - 2.84	O/E GC sick	
	BP. 120/80	
	P.R 80/min	
CXR	SpO2 - 94% on O2 support	
B/L haziness		
	Chest B/L crepts (+)	
	Advice	
	1. monitor vitals	
	2. - Chest physiotherapy x BD.	
	3. - Keep Saturation >92%	
	4. - Incentive spirometry x 3 hrly	
	Dr. C. PANJABI BMC - 5565	
		26.6.18

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet

To be filled by Doctor

Patient Name : HARI RAM Age / Sex : 83/M UHID No. : 813544

IP No. : 145190 D. O. A. : 19/6/18 Unit : GSR-2

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6	Physio Rx cont c̄ chest vibrations b p d positions.	Dr Shivi Sanjuja Physio

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6/18 (E) 7:00PM	CSR-II CC: Stable Afebrile Pulse - 90/min SpO2 - 91% E O2 BP - 120/80 RS BAE (+) CVS - S1 S2 (+) PA - soft, BS (+), Motion passed Adv - soft diet - Nebulization with Duolin BD with Budecort TDS - " - Rest CST	Dr Chatterjee 6155

MATA CHANAN DEVI HOSPITAL

Progress Sheet
To be filled by Doctor

...NAK PURI, NEW DELHI - 110058

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name _____ **UHID No. :** _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27/6/18 9:00 AM	GSR-II GC-Stable Afebrile P - 94/min RS - BAE (+) Chest S1S2 (+) P/A - Soft, BS (+)	BP - 120/80 mmHg SpO2 - 87%. Adv Soft diet. C.S.T. Inform SOS. - Chest Physician Refer - monitor vitals - ABPO2 charting every 4th hrly. - O2 by mask if ABPO2 < 85 - Nebulization T. duolin BD Budecort TDS, [illegible] Dr HITENDER AAB SA

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27/6	Physio Rx covid c̄ chest physio Dr	
11.45AM 27/6/18	Chest Physio ref not maintaining O2 saturation without O2 Start O2 by nasal prong Stop IV fluids. Remove foley 6AM tomorrow Saturation 92% c̄ O2 Dr	

Electrolytes

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet

To be filled by Doctor

Patient Name : HARI RAM Age / Sex : 83/M UHID No. : 813544

IP No. : 145190 D. O. A. : 19/6/18 Unit : GSR-2

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27/6	physio (6) (2:40 pm) Chest	physio
27/6	S/B Grade II SpO2 - 93% on O2 Adv Chest Relaxers - 6	- Salt Diet - CST

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27-6-18 6 pm	Pulmonology - GC weak - Afebrile - SaO_2 82% (on room air) 94% (on O_2) - Chest:- B/L crepts (+) (at bases) - Having shallow respirations - Experiencing pain on deep breathing Refer from gynaecology	Adv (1) Keep propped up (2) Maintain SaO_2 > 92% (3) Adequate analgesia (so that patient is able to have deep breaths) (4) PFT — c/m (5) Tab- Nucinac — 600mg BD (6) CXR — PA view (DR. C. PANDIAB) DMC-5565

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

Patient Name : HARI RAM Age / Sex : UHID No. : 813544

No. : 145190 D. O. A. : 19/6/18 Unit : GSR-2

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
6/18 30AM	GSR-II Afebrile Pulse - 82/min BP - 180/80 mmHg RS - BAE (+) CVS - S1S2 (+) P/A - Soft, BS (+)	SpO2 c̄ Nasal prong - 89% Na+ 145 K+ - 3.0 Adv - Soft diet - Inj TAZHR 4.5 gm IV TDS - Inj IAN 40 IV BD - Inj EMSET IV BD - Tab AMLODIPIN 5mg BD - Tab IVABODE 5mg BD - Nebulization c̄ Duolin BD c̄ Budecort TDS - Spirometry 3rd hourly. - Tab ~~Alpra~~ Voveran ~~50mg~~ D BD - CST 25439

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
28/6/18	physio (M) (10:00 am) chest physio carried out	
28/6/18 3pm	Pulmonology	
	GC weak Afebrile No respir. worsening Chest - BL crepts (+) SaO2 - 80% (on room air) 90% (on low flow O2)	Adv (1) Keep propped up. (2) Oxi mist to continue (arrange home oxygen) Chandrasekhar DR. C. PANJABI DMC = 5576

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

Patient Name : HARI RAM Age / Sex : UHID No. : 813544

IP No. : 145190 D. O. A. : 19/6/18 Unit : GSR-2

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
28/6/18 6:00 PM	CISR-II Pulse - 84/min SpO2 - 89% with Nasal Tong BP - 180/80 RS BAE (+) CVS S1S2 (+) P/A Soft, BS (+) Adv - Propped up position - Nebulization i Duolin - BD i Budecort - TDS - Rest CST	Jay Chakraborty 61559

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
29/8/18 9:30 PM	CSR-II CC- stable Afebrile Pulse - 82/m SpO2 - 92% c O2 BP - 160/80 RS - BAE (+) CVS - S1S2 (+) P/A - soft, BS (+), Nutrition fluid	
	Adv Adv Discharge - soft diet - Inj TAZAR 4.5 gm IV TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj CMIOK IV BD - Tab VOVERAN SR BD - Nebulization ĉ Duolin BD ĉ Budecort TDS - Spirometry 3rd hourly - THROMBOPHOBE Ointment at local site	Chandrakala 61589

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified
C-1, Janak Puri, New Delhi - 110058
Ph : 011- 45582000, Emergency: 011- 45582050, Blood Bank: 011- 45582193

NABL ACCREDITED M-0375

PAC

Name: Mr. HARI RAM Age: 83 y Sex: (M) / F UHID No.: 813303
PAC Done by Dr. Wagahat Date: 1/6/18

History from: ☐ Patient ☐ Parent/Guardian Son ☐ Language Barrier ☐ Medical Records
Religion Occupation
Heigth Weight: 71 kg cms / in kgs

SURGICAL DIAGNOSIS: B/L Inguinal herniaplasty
PROPOSED SURGERY: Elective / Emergency
ALERTS: 1. Allergies: Not known 2. HIV/ HBsAg: 3. 4.

PREVIOUS ANESTHESIA / SURGERY / EVENTS : Yes / No (If yes, Details)
H/o Lap Cholecystectomy 1 G.A. 8 yrs ago (UHC)

CURRENT MEDICATION (S): No long-term medications

AIRWAY ☐ MP 1 ☐ MP 2 ☑ MP 3 ☐ MP 4
☐ T-M distance= / ☐ M-O distance= Adequate
Neck ROM: Full/ Limited/None
☐ Morbid obesity ☐ Hx difficult airway ☐ Teeth-poor repair/loose ☐ Micognathia
☑ Edentulous ☐ Facial hair ☐ Short muscular neck ☐ Prominent incisors

GENERAL PHYSICAL EXAMINATION : Good / Fair / Sick / Toxic / Conscious / Drowsy / Unconscious
Pulse Rate : 80/min Blood Pressure: 180/100 mHg JVP: Edema: Pupils:
Temperature N/A Pallor: Cyanosis: Jaundice:

☑ WNL
RESPIRATORY: Asthma, Bronchiolitis, COPD, Emphysema, Bronchitis, Respiratory failure, Recurrent tonsillitis, Productive cough, Recent URI, TB, Pneumonia, Recurrent OM, Pleural effusion, Sinusitis / Rhinitis, Environ. Allergies, Dyspnea, Sleep Apnea, Orthopnea

EXAMINATION FINDINGS & COMMENTS
Pulmonary Examination: B/L A/E (+)
Smoking / Tobacco: (Ex-smoker)

☑ WNL
CARDIOVASCULAR: Hypertension, Rheumatic fever, CAD, Angina, Stable / Unstable, Murmur, Valvular Dz / MVP, Myocardial infarction, CHF DOE PND, PVD, Exercise Tolerance, METs: >4 <4, Endocarditis, Abnormal ECG, Cardiomyopathy, Hypovolemia, Pacemaker, AICD, Aneurysm
Cardiovascular Examination: S1S2 (+)
NYHA: I / II / III / IV

☐ WNL
HEPATO/GASTROINTESTINAL: Obesity, Malnutrition, Cirrhosis, Jaubdice, N&V, Bowel obstruction, Hiatal hernia, Worms, Bleeding P/R, Gastric Reflux, Pancreatitis, Gallbladder Dz, Diverticulum, Diarrhea
? Rectal prolapse
B/L Inguinal hernia
Abdominal examination: NAD
Alcohol: No / Yes

☐ WNL
NEURO/MUSCULOSKELETAL: Arthritis, OA / RA / Gout, Back Problems, Scoliosis, Kyphosis, Headaches, CVA/TIA, LOC / Unconscious, Head injury, Seizures, Paralysis, Muscle weakness, Paresthesia, Psychiatric Dz
Neuro-muscular examination: NAD

☐ WNL
RENAL / ENDOCRINE: Prostrate:BPH/CA, UTI/incontinence, Bladder Dz/tumor, Renal stones, Renal insufficiency, Adreno-cortical insuff., Thyroid Dz, Pituitary disorder, Diabetes mellitus
Spine Examination:

☐ WNL
OTHERS: Anemia, Bleeding disorder, Transfusion Hx, Sepsis / Infection, Loss of appetite, Weight loss/gain, Peripheral edema, Radiation Tx, Menstrual history, Pregnant, Sickle Cell Dz / Trait, Immunosuppressed, Chemotherapy, HIV / AIDS, Cancer, Steroid use
Family history of annesthesia problem : Yes / No
LMP :

30/05/18

DIAGNOSTIC STUDIES

- ☐ ECG: LAD, RBBB
- ☐ X-ray chest: Grossly WNL
- ☐ Pulmonary function tests
- ☐ ABG analysis:
- ☐ Special Investigations: ECHO/TMT/Cardiac Cath
- ☐ Others:

(1/06/18) → Dobutamine stress Echo
(30/5/18) → Negative for Ischemia
2D Echo: Sclerotic AV, mild AR, Trace MR, Gr. I DD, LV systolic function (N), LVEF ~60%

09/06/18
Physician Ref

→ T. Telma-H (40/12.5) 1-0-0 (X) 15 days
15/06/18 O/E BP 120/80 mm Hg
BP 20 mm Hg

LABORATORY STUDIES

- ☐ Hemoglobin 15.5
- ☐ TLC/DLC 6810
- ☐ ESR
- ☐ Platelet 64/30/4/2
- ☐ MCV 2.0
- ☐ PCV
- ☐ BT CT
- ☐ **Blood Sugar**
  - ☐ Fasting
  - ☐ PP
  - ☐ Random 103
- ☐ Blood Urea 24
- ☐ Serum Creatinine 0.97
- ☐ **Serum Electrolytes**
  - Na 143
  - K 4.8
  - Cal
  - Mag
- ☐ Blood Group
- ☐ **Urine Examination:**
  - Routine
  - Microscopic
  - Pregnancy
  - Ketones
- ☐ Thyroid Profile

- ☐ **Liver Function Tests**
  - ☐ Serum Bilirubin 0.9
  - ☐ Total Direct
  - ☐ Indirect
  - ☐ SGOT 28
  - ☐ SGPT 27
  - ☐ SAP 135
  - ☐ Serum Proteins 7.37
  - ☐ Total Direct
  - ☐ Albumin 3.93
  - ☐ Globulin
- ☐ **Coagulation Profile**
  - ☐ BT
  - ☐ CT
  - ☐ INR 1.09
  - ☐ PT 14.0/13.0
  - ☐ PTT-K 30.0/28.8
- HIV
- HbAg
- Anti-HCV
- N

Cardiology ref in view of ECG changes on MET.

PHYSICAL STATUS

ASA PS: 1 (2) 3 4 5 6 E

Patient accepted for anaesthesia: ☑ Yes / No

Plan of action for optimizing the patient: Adv. ~~Physician consult in view of Hd BP~~

PLANNED ANAESTHESIA TECHNIQUE

- ☐ GA
- ☐ MAC
- ☐ Regional
- ☐ Epidural
- ☑ SAB
- ☐ CSE
- ☐ Nerve Blocks

To be reviewed after optimization

PREMEDICATIONS & INSTRUCTIONS

Nil orally after: am / pm

Last feed at: am / pm

Arrange blood: No of Units:

Written informed consent / High risk consent

Repeat Investigations:

Medication to be taken:

→ Take morning dose of T. Amlodipine 5mg on day of surgery with sips of water

Premedication:

Tab/Syp _____ of _____ am / pm

Inj _____ of _____ am / pm

→ Inj Ranitidine 50mg IV 30 min before surgery
Inj Pethidine 10mg IV before surgery

→ Keep NPO 6 hrs prior to surgery

(NB : Artificial dentures, hearing aids, contact lenses, jewellery, lipstick, nail polish and make up to be removed)

→ Pt is provisionally fit for surgery

Sign: Name of Anaesthesiologist: Dr Nagabhushan Designation: Consultant DMC No. 71150

Dr Nagabhushan
Consultant
Dept of Anaesthesiology

Mata Chanan Devi Hospital

ISO 9001 : 2008 Certified
C-1, Janak Puri, New Delhi - 110058
Ph : 011- 45582000, Emergency: 011- 45582050, Blood Bank: 011- 45582193

NABL ACCREDITED M-0375

Name : Hari ram Age / Sex 83/M UHID No. 813303

Date : 19/6/18 IP No. 145190

Anesthesiologists Dr. P. Mangwana
Procedure B/L Inguinal hernia repair Surgeon Dr. VK Jain, Dr. S. Jolly

Induction Time 1:20pm
Incision Time 1:32pm
Reversal Time

PRE-PROCEDURE

- [x] Consent Signed
- [x] Chart reviewed
- NPO since 8hrs Full stomach [x]
- [x] Patient reassessed prior to anesthesia

Pre-Anesthetic state:

- [x] Awake
- [x] Calm
- [ ] Anxious
- [ ] Sedated
- [ ] Unco-operative
- [ ] Reduced LOC

Pre-procedure Vital Signs

Pulse 96/min BP 186/96 mmHg
Resp 21/min Temp 4/Feb SpO2 100%

MONITORS AND EQUIPMENT

Steth: [ ] Esophageal [ ] Precordial [ ] Suprasternal

- [x] Non-Invasive BP
- [x] Continuous ECG
- [x] Pulse oximeter
- [ ] End tidal CO_2
- [ ] Oxygen / FiO_2 monitor
- [ ] ET agent analyzer
- [ ] Temp:
- [ ] Body warmer
- [ ] Airway humidifier
- [ ] NG / OG tube
- [ ] Foley Catheter
- [ ] V lead ECG
- [ ] ST / Dysrhy. analysis
- [ ] Nerve Stimulator
  - [ ] Ulnar [ ] Tibial
  - [ ] Facial
- [ ] Fluid / Blood warmer
- [ ] Arterial line
- [ ] C-line/CVP
- [ ] PA line
- [x] IV(s)

Premedication :-

PATIENT SAFETY

- [x] Anesthesia machine checked
- [x] Critical clinical alarms checked & activated
- [x] Eye Care
- [x] Pressure Points Checked, Padded, Monitored
- [ ] Posture [ ] R/L Lat [x] Supine [ ] Lithotomy [ ] Other

ANESTHETIC TECHNIQUE

GA Induction: [ ] Intravenous [ ] Inhalation [ ] Cricoid pressure

- [ ] IV Induction Agent Dose
- [ ] Inhalation Agent [ ] Halo [ ] Iso [ ] Sevo Conc
- [ ] Muscle Relaxant for intubn. Dose
- [ ] Others

GA Maintenance: [ ] Inhalation [ ] Inhalation / IV

- [ ] GA / Regional combination [ ] TIVA
- [ ] Sedation & Analgesia / Monitored Anesthesia Care

Regional : [ ] SAB [ ] Epidural [ ] CSE

- [ ] Caudal [ ] Nerve Block [ ] Others

Site: L3 - L4
Needle Type: Quincke Size: 26G
Position: Sitting, midline
Drug: 0.5% Bupivacaine (Heavy) Test Dose
Total Dose 3ml
Remarks: effect adequate

AIRWAY MANAGEMENT

MASK Airway [ ] Oral [ ] Nasal [ ] LMA
ETT [ ] Oral [ ] Nasal [ ] Trach
O2 @ 4L/min [ ] Cuff
AIRYWAY TYPE SIZE [ ] Pre O2
[ ] RSI / CP
[ ] Inhalation
[ ] Awake Int
[ ] Fiberoptic

LARYNGOSCOPY

Grade Grade II Grade III Grade IV

- [ ] ET CO_2 present
- [ ] Breath sounds = bilateral
- [ ] Cuffed - min occ pressure
- [ ] Oral pack
- [ ] Oral airway [ ] Nasal airway [ ] Bite block

Circuit: [ ] Circle system [ ] Bains [ ] Ayres T piece
Others : [ ] Ventilator

Post Operative Instructions:

1. NPO till 4hrs am/pm
2. Oxygen by mask 2 litres / min
3. IV fluids: RL/NS @ 50ml/hr
4. Analgesics Inj diclofenac 75mg IV SOS
5. Monitor vitals: TPR / BP / SpO2
6. Others Keep supine, no pillow X24h - w/f vitals

Name of Anesthesiologist Dr P. Mangwana

Designation Signature

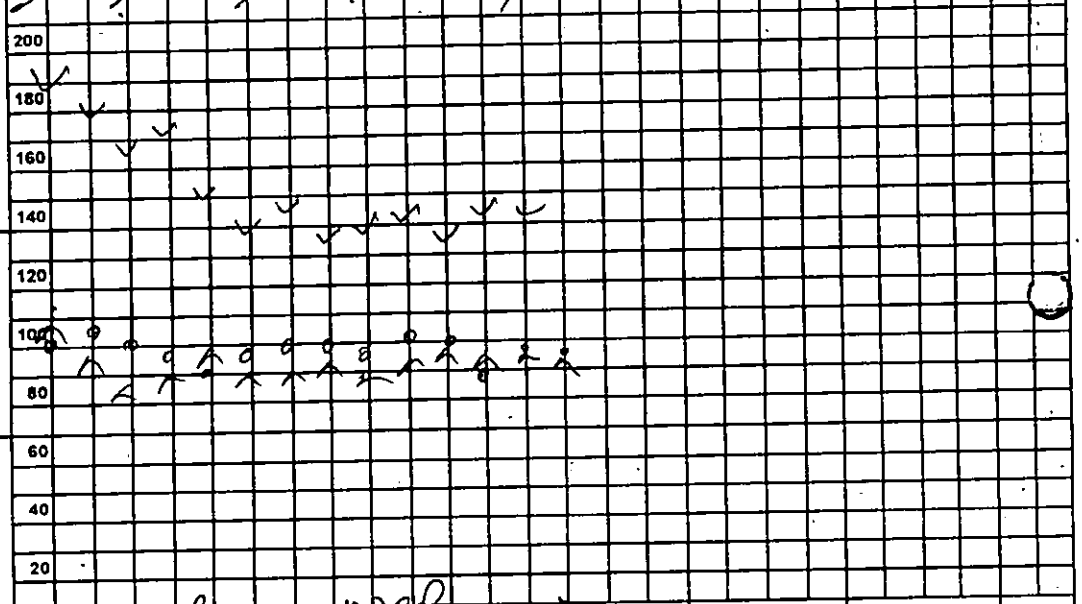
MCDH/operation theater/Anesthesia pro... 78/ver-1/oct-11

Name	Age	Sex : M/F	CR No	PAC no	Date			TOTAL
Time								
AGENTS: GA Maintainance	O_2 @	4L/min via face-mask						
Propofol								
Iso / Hal / Sevo								
Vec / Panc / Atrac / Roc								
Mor / Fenta / Medazolam/ Fortwin								
Emset / Rantac								
Others :								
Reversal Neostigime	1:20	1:30	Atro/Glyco. 1:45	3pm	2:30	Time		

SYMBOLS	BASELINE VALUE
Pulse	o
BP Cuff	v
BP Art	^
MAP	▲
CVP	□
Spont Vent	○
Assisted	⊘
Controlled	✱

TOURNIQUET
Location:
mmHg
Up at am / pm
Down at am / pm
Total Time: mins

VENTILATOR SETTINGS
Tidal Volume (ml)
Respiratory Rate
Peak Pressure
PEEP / CPAP



MONITORS: ECG	NSR	NSR						
% Oxygen Inspired ($F10_2$)								
O_2 Saturation ($Sa0_2$)	100%	100%						
End Tidal $C0_2$								
Temp:	Afeb							
TOF								
TRANSFUSIONS: IV FLUIDS	RL @ 500ml		Voluven (500ml)					
BLOOD								
Group : A B AB O Rh								
Units Nos :								
OUTOUT: Urine (ml)								
Blood Loss (ml)								
Gastric (ml)								

Post Operative Status :
☐ Awake ☐ Drowsy ☐ Somnolent ☐ Unarousable ☐ Stable ☐ Unstable ☐ Intubated
Pulse: BP: SpO2 : Temp :

Patient Transfer / Recovery room / ICU / HDU

Sheeily 79300

Dr. D. Manywana
Sr. consultant
DMC 4666

Name of Anaesthesiologist | Signature of Anaesthesiologist | DMC No.

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Ph : 011- 45582000, Emergency: 011- 45582050, Blood Bank: 011- 45582193

NABL ACCREDITED M-0375

Name : Hari Ram | Age / Sex 83/M | UHID No.

Date : 21/6/18 | IP No. ~~179837~~ 145190

Anesthesiologists Dr Singla et al | Induction Time 5:30 pm
Procedure Laparotomy | Surgeon Dr. V.K. Jain | Incision Time 6:10 pm | Reversal Time 8 pm

PRE-PROCEDURE

- [x] Consent Signed
- [x] Chart reviewed
- NPO since 8hrs
- Full stomach [x]
- [x] Patient reassessed prior to anesthesia

Pre-Anesthetic state:

- [x] Awake
- [x] Calm
- [ ] Anxious
- [ ] Sedated
- [ ] Unco-operative
- [ ] Reduced LOC

Pre-procedure Vital Signs

Pulse 114/min BP 140/80 mm Hg
Resp Temp SpO2 100%

MONITORS AND EQUIPMENT

Steth: [ ] Esophageal [ ] Precordial [ ] Suprasternal

- [x] Non-Invasive BP
- [x] Continuous ECG
- [x] Pulse oximeter
- [x] End tidal CO_2
- [ ] Oxygen / F10, monitor
- [ ] ET agent analyzer
- [ ] Temp:
- [ ] Body warmer
- [ ] Airway humidifier
- [x] NG / OG tube
- [x] Foley Catheter
- [ ] V lead ECG
- [ ] ST / Dysrhy, analysis
- [ ] Nerve Stimulator
  - [ ] Ulnar [ ] Tibial
  - [ ] Facial
- [ ] Fluid / Blood warmer
- [ ] Arterial line
- [ ] C-line/CVP
- [ ] PA line
- [x] IV(s)

Premedication :- Inj. Glyco 0.2mg midaz 1mg fenta 50 µg IV

PATIENT SAFETY

- [x] Anesthesia machine checked
- [x] Critical clinical alarms checked & activated
- [x] Eye Care
- [x] Pressure Points Checked, Padded, Monitored
- [x] Posture
- [ ] R/L Lat
- [x] Supine
- [ ] Lithotomy
- [ ] Other

ANESTHETIC TECHNIQUE

GA Induction: [x] Intravenous
[ ] Inhalation
[ ] Cricoid pressure

- [ ] IV Induction Agent Thiopentone Dose 240mg
- [x] Inhalation Agent [ ] Halo [ ] Iso [ ] Sevo Conc 1%
- [x] Muscle Relaxant for Intubn. Atra Dose 35mg
- [ ] Others

GA Maintenance: [ ] Inhalation [x] Inhalation / IV [ ] TIVA

- [ ] GA / Regional combination
- [ ] Sedation & Analgesia / Monitored Anesthesia Care

Regional : [ ] SAB [ ] Epidural [ ] CSE
[ ] Caudal [ ] Nerve Block [ ] Others

Site:
Needle Type: Size :
Position:
Drug: Test Dose:
Total Dose
Remarks:

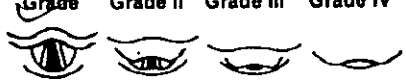
AIRWAY MANAGEMENT

MASK

Airway [ ] Oral [ ] Nasal [ ] LMA
ETT [ ] Oral [ ] Nasal [ ] Trach
8mm / 22 cm / Sec [x] Cuff
AIRYWAY TYPE SIZE [x] Pre O2
[ ] RSI / CP
[ ] Inhalation
[ ] Awake Int
[ ] Fiberoptic

LARYNGOSCOPY

Grade I Grade II Grade III Grade IV



- [x] ET CO_2 present
- [x] Breath sounds = bilateral
- [x] Cuffed - min occ pressure
- [ ] Oral pack
- [ ] Oral airway [ ] Nasal airway [ ] Bite block

Circuit: [x] Circle system [ ] Bains [ ] Ayres T piece
Others : [x] Ventilator

Post Operative Instructions:

1. NPO till 6 hrs am/pm
2. Oxygen by mask 4 litres / min
3. IV fluids: RL @ 2ml/kg/hr
4. Analgesics
5. Monitor vitals: TPR/BP/SpO2/U/O
6. Others Propped-up

Name of Anesthesiologist Dr. Singla et al Dr. Chandrashekhar
Designation Anesthesia Spl. | Signature

Name | Age | Sex : M/F | CR No. | PAC no | Date

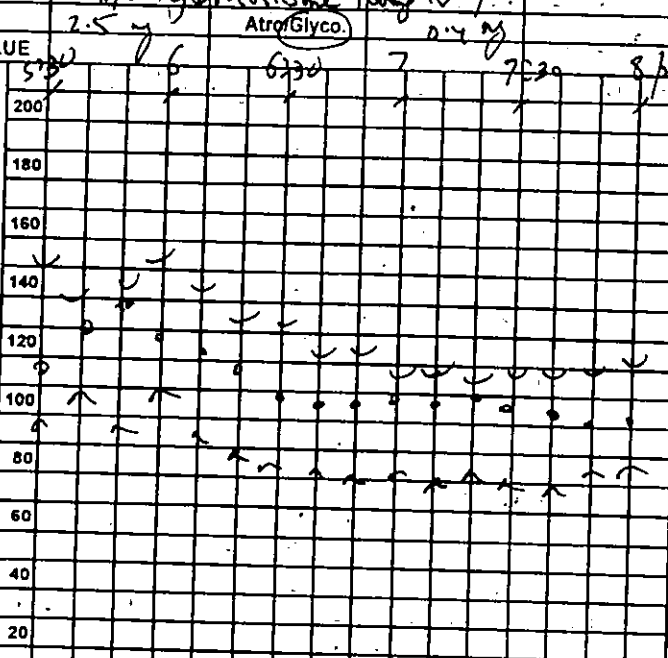
	Time							TOTAL
AGENTS	GA Maintainance		O_2+N_2O + ISO					
	Propofol							
	Iso / Hal / Sevo							
	Vec / Panc / Atrac / Roc		+5mg	+5mg	+5mg			
	Mor / Fenta / Medazolam/ Fortwin		+30mg IV					
	Emset / Rantac							
	Others 8mg IV		1g. Tranexa 500mg IV		/ 1g. Paracetamol 1gm IV			
			1g. Hydrocortisone 100mg IV					
	Reversal Neostigmine		2.5mg	Atro/Glyco.	0.4mg		Time 8pm	

SYMBOLS | BASELINE VALUE

Pulse ○
BP Cuff ↓
BP Art ↑
MAP ▲
CVP □
Spont Vent ○
Assisted ⊘
Controlled ⊗

TOURNIQUET
Location:
mmHg
Up at am / pm
Down at am / pm
Total Time: mins

VENTILATOR SETTINGS
Tidal Volume (ml)
Respiratory Rate
Peak Pressure
PEEP / CPAP



MONITORS

ECG	NSR			
% Oxygen Inspired ($F10_2$)	40%	99%	45%	
O_2 Saturation (SaO_2)	98%	99%	99%	
End Tidal CO_2	34	32	31	34
Temp:	Afebrile			
TOF				

TRANSFUSIONS

IV FLUIDS	RL_1	NS_1	NS_2	RL_2
BLOOD				
Group : A B AB O Rh				
Units Nos :			U/O → 80ml	

OUTPUT

Urine (ml)				
Blood Loss (ml)				
Gastric (ml)				

Post Operative Status :
☐ Awake ☐ Drowsy ☐ Somnolent ☐ Unarousable ☐ Stable ☐ Unstable ☐ Intubated

Pulse: 96/min BP: 140/90mmHg SpO2: 99% Temp: Afeb on 6l/min O_2

Patient Transfer : Recovery room / ICU / HDU

Cardiology Reference i/v/o HTN

Plan
- Nebulize 2 duolin + budecort TDS
- Inj. Paracetamol 1gm IV TDS
- Advice
- W/F vitals. I/O charting
- Get ABG post-op, Sr. Electrolytes,
- Give Soda Bicarb 20ml
- Inform SOS.
- W/F desaturation

Name of Anaesthesiologist | Signature of Anaesthesiologist | DMC No.

PRE OPERATIVE CHECK-LIST

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NABL ACCREDITED M-0375

Patient's Na NO. : 818544 IP NO. : 145190
me : Mr./HARI RAM/83/Yrs/MALE
nel : RAKSHA TPA
om/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
IA/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
miting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

IP No..... No. .....

Bed No. .....

DOA .....Unit .....Financial aspect Panel/cash

Consent form signed	Yes	No	N/A
Time of last meal/drink	18/6 8 PM Dinner		
Part Preparation	Yes	No	N/A
Site marking	Yes	No	N/A
Jewellery, wrist watch removed	Yes	No	N/A
Changed to theater gown	Yes	No	N/A
Denture / Lences / Loose Teeth / Lip stick / Nail Paint Removed	Yes	No	N/A
X-ray film with report	Yes	No	N/A
CT/MRI film with report	Yes	No	N/A
Case sheet	Yes	No	N/A
PAC Clearance	Yes	No	N/A
Investigations	Yes	No	N/A
Time of last passed urine	19/6/18		
Premedication (as Adv. In pre-opp order) by Ranitac, by Pelimont given by monocef 1gm	Yes	No	N/A

OT Incharge ...Komal Sharma..... Staff Nurse (Name & ward) ...Suman.....

Sign. .....Sign. .....

Date .....19/6/18.....

MCDH /Operation Theater/Pre-operative Checklist / F-72 / Ver-2 /July' 16

Surgical Safety Checklist

MATA CHANAN DEVI HOSPITAL CDH

Date & Time 19/6/18 at 1.pm

Patient Name Mr. Hari Ram

IP No. 145190

SIGN IN

Before induction of anaesthesia

With atleast Nurse & Anaesthesia

Has the Patient Confirmed his/her identity, site, procedure and consent?
- [x] Yes

Is the surgical site marked?
- [ ] Yes / not applicable

Is the anaesthesia machine and medication check complete?
- [x] Yes

Is the Pulse Oximeter on the patient & functioning?
- [x] Yes

Dose the patient have a:

Known allergy?
- [x] No
- [ ] Yes

Difficult airway/aspiration risk?
- [ ] No
- [ ] Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?
- [x] No
- [ ] Yes, and adequate IV access/fluids planned

TIME OUT

Before Skin Incision

With Nurse, Anaesthetist & Surgeon

- [ ] Confirm the patient's name, procedure & where the incision will be made

Has the antibiotic prophylaxis been given within the last 60 minutes?
- [ ] Yes / Not applicable

Anticipated critical events

To Surgeon :

What are the critical or non-routine steps?

How long the case will take? _____

What is the anticipated blood loss? _____

To Anaesthetist :
- [ ] Are there any patient specific concerns?

Old age, [illegible]

Nursing Team
- [x] Has the sterility of the instrumentation been confirmed (including indicator result)?
- [x] Are there are equipment issue or concerns?

Is essential imaging displayed?
Yes / Not Applicable NA

Tourniquet Time NA

Eyes Covered : Yes / No

Pressure area padded : Yes / No

SIGN OUT

Before Patient leaves operating room

With Nurse, Anaesthetist & Surgeon

Nurse verbally confirms :
- [x] Has the name of the procedure been recorded
- [x] Has it been confirmed that instruments, swabs and sharp counts are complete (or not applicable)?
- [x] Have the specimens been labeled (including patient name)?
- [x] Have any equipment problems been identified that need to be addressed?

Surgeon, Anaesthetist
- [x] What are the key concerns for recovery and management of this patient?

Surgeon Paralytic ileus

Anaesthetist LBBB.

Anaesthetist Name	Dr P. Manywana
Signature	Dr. Shaily 79309
Surgeon Name	Dr vikal Jain/Dr S. Tolly
Signature	

Surgical Safety Checklist

Date & Time 21/6/18, 6:30 PM

Patient Name Mr. Hari Ram

IP No. 145190

MATA CHANAN DEVI HOSPITAL CDH

SIGN IN

Before induction of anaesthesia

With atleast Nurse & Anaesthesia

Has the Patient Confirmed his/her identity, site, procedure and consent?
☑ Yes

Is the surgical site marked?
☑ Yes / not applicable

Is the anaesthesia machine and medication check complete?
☑ Yes

Is the Pulse Oximeter on the patient & functioning?
☑ Yes

Dose the patient have a:

Known allergy?
☑ No
☐ Yes

Difficult airway/aspiration risk?
☑ No
☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?
☑ No
☐ Yes, and adequate IV access/fluids planned

TIME OUT

Before Skin Incision

With Nurse, Anaesthetist & Surgeon

☑ Confirm the patient's name, procedure & where the incision will be made

Has the antibiotic prophylaxis been given within the last 60 minutes?
☐ Yes / Not applicable

Anticipated critical events

To Surgeon :

What are the critical or non-routine steps?

How long the case will take? _____
What is the anticipated blood loss? _____

To Anaesthetist :
☑ Are there any patient specific concerns? Intestinal Perforation

Nursing Team
☑ Has the sterility of the instrumentation been confirmed (including indicator result)?

☑ Are there are equipment issue or concerns?

Is essential imaging displayed?
Yes / Not Applicable

Tourniquet Time N/A
Eyes Covered : ~~Yes~~ / No
Pressure area padded : ~~Yes~~ / No

SIGN OUT

Before Patient leaves operating room

With Nurse, Anaesthetist & Surgeon

Nurse verbally confirms :
☑ Has the name of the procedure been recorded

☑ Has it been confirmed that instruments, swabs and sharp counts are complete (or not applicable)?

☑ Have the specimens been labeled (including patient name)?

☑ Have any equipment problems been identified that need to be addressed?

Surgeon, Anaesthetist
☐ What are the key concerns for recovery and management of this patient?

Surgeon

Anaesthetist

Anaesthetist Name	Dr. Singla et al
Signature	(DMB) 29782
Surgeon Name	Dr. Vinod Jain Dr. V. Jolly
Signature	for

PRE OPERATIVE CHECK-LIST

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NABL ACCREDITED M-0375

Patient's Name Dr. Hati Ram UHID. No. 818544

IP No. 145190 Age/Sex 83Y/M Ward No. / Bed No. .....

DOA ..... Unit Pvt GSR-2 Financial aspect Panel/cash

Consent form signed	Yes	No	N/A
Time of last meal/drink			
Part Preparation	Yes	No	N/A
Site marking	Yes	No	N/A
Jewellery, wrist watch removed	Yes	No	N/A
Changed to theater gown	Yes	No	N/A
Denture / Lences / Loose Teeth / Lip stick / Nail Paint Removed	Yes	No	N/A
X-ray film with report	Yes	No	N/A
CT/MRI film with report	Yes	No	N/A
Case sheet	Yes	No	N/A
PAC Clearance	Yes	No	N/A
Investigations	Yes	No	N/A
Time of last passed urine			
Premedication (as Adv. In pre-opp order)	Yes	No	N/A

OT Incharge Anitta Staff Nurse (Name & ward) .....

Sign. ..... Sign. .....

Date 21/6/18

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NABL ACCREDITED M-0375

OPERATION NOTES

Name of Patient : Mr. Hari Ram Age/Sex : UHID No.:

IP No. : 145190 Date : 21/6/18 . Time : 8:00pm.

Clinical Diagnosis : Abdominal perforation ? volvulus ?

Diagnosis on Operation : volvulus of ileum c̄ Ileal perforation.

Operation : Exploratory laparotomy + Resection and Anastomosis.

Surgeon : Dr. Vimal Jain
Dr S. Jolly

Assistants : Dr. Nitish
Dr. Chandra Prakash

Anaesthetist : Dr. Chandrashekhar

Assistant :

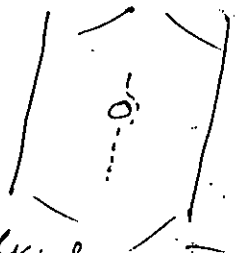
Nurse : 1

Types of Anaesthesis : G.A.

Operation Started : 6:15pm.

Operation Finished : 7:45pm

Notes :
- Patient was given G.A.
- Then in supine pos, part painted & draped.
- Lower midline incision given, abd. opened
→ On opening abd, there was ~~free~~ feculent free fluid ≈ 200 ml. abd. cavity washed c̄ warm saline
- There was small twisted, ileal loop (volvulus) c̄ gangrenous perforation involving a segment of around 4 inches.
→ cavity washed c̄ warmed normal saline.
→ mopped dry
→ Resection & Anastomosis of affected segment done Silk 3-0 in two layers.



Signature Consultant

FOR HOSPITAL ONLY

→ Cavity again washed c̄ NS
→ (R) paravesic drain & (L) pelvic drain inserted & fixed
→ wound closed in layers
→ Dressing done

Post opr Adv

- NPO till further order
- Inj Tazar 4.5 gm. IV TDS.
- Inj Metrogyl 100 ml — IV TDS
- Inj Pan 40 — IV BD
- Inj Emset — 4 mg — IV BD
- Inj Tramadol — 1 amp — IV BD
- Inj Oflox — 200 ml — IV BD
- Inj Paracip 100 ml — IV TDS

→ IVF RL/DNS @ 100 ml/hr

→ I/O charting strictly

→ T/P/R charting every hrly
SPO2, BP

→ Transfuse 2 ⊙ FFP today

~~2 ⊙ FFP tomorrow~~

~~→~~ Inform SOS,

RMO
17/5/21

RMK
- CBC
- KFT

Cpm

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NABL ACCREDITED M-0375

OPERATION NOTES

Name of Patient : Mr. HARI RAM Age/Sex : 89/male UHID No.:

IP No. : 145190 Date : 18/6/18 Time : 3:20 pm.

Clinical Diagnosis : B/L Inguinal Hernia

Diagnosis on Operation :

Operation : B/L Inguinal Herniaplasty with Mesh repair

Surgeon : Dr Vimal Jain
Dr S. Jolly

Assistants : Dr Mohit

Anaesthetist : Dr P. Mangmanaitel

Assistant :

Nurse : Sister Kamal

Types of Anaesthesis : SA

Operation Started : 1:30 pm Operation Finished : 2:30 pm

Notes : Pt given SA. Put in supine position. Parts painted & draped. Incision given along Rt Inguinal ligament. Ext. oblique incised. Cord structure identified & separated. A large Hernia with sac identified. Hernia reduced. Posterior layer repaired ~~with~~ & reinforced with ~~Ethilon~~ vicryl. Polypropylene mesh sutured with pubic tubercle, Inguinal ligament & conjoint tendon superiorly with testis & cord repositioned in scrotum. Bolene 1-0 ~~&~~ Ext. oblique resutured with vicryl 2-0. Skin closure done with Ethilon 2-0. Same procedure done on left side and Polypropylene mesh used. Cleaning & dressing done. Pt shifted to post op ward in stable condition.

Premilene® Mesh
DIM 10cm x 15cm REF 1064495
B|BRAUN LOT 115255
2020-06
(01)04045439035328
(17)200619(10)115255

Premilene® Mesh
DIM 7,5cm x 15cm REF 1064425
B|BRAUN LOT 117312
2022-08-01
(01)04045439035311
(17)220801(10)117312

Signature Consultant

FOR HOSPITAL ONLY

MCDH / Operation Theater / Operation notes / F-74 / VER-1 / OCT-11

Post op adv –

- NPO till 6 PM then allow liquids
- No Pillow for 24 hrs.
- Inj MONOCEF 1 gm IV BD
- Inj PAN 40 IV OD
- Inj EMSET IV BD
- Inj DIMAPAR IV BD
- IV fl RL/DNS @ 100 ml/hr

Chowdhury 6/5/97

8/9/97

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NABL ACCREDITED M-0375

IMMEDIATE POST -OP OBSERVATION CHART

Patient's Name: Mari Ram Date: 19/6/18 IP NO. 145190

Age : 63 Yr Sex: M/F M Bed No. -①

Surgeon : Anaesthesiologist

Diagnosis : Hernia Type of Anaesthesia S.A

Surgery : Inguinal Hernia

Time		Level of conscious		BP		HR	SpO2	RR	I/V	Urine Output	Drugs given
Min	Time	Conscious	Drowsy	Systolic	Diastolic						
0	2:30 pm			130	80	78	99	20			
15	4 pm			128	70	80	99	20			
30	4:15			118	74	84	97	20			
45	4:30			130	80	80	98	20			
60	5 pm			128	78	82	99	20			
90	5:15			124	70		100	20			
120	5:30			130	80	72	100	18			

Post Anaesthesia Recovery Score Sheet

Patients Signs		
Consciousness	Fully Awake Arousable on name calling Not Responding	2 1 0
Activity	Able to move four extremities Able to move two extremities Not able to move extremities voluntarily on command	2 1 0
Circulation	BP+/-20% Preanesthetic Level BP+/-22-49% Preanesthetic Level BP+/-50% Preanesthetic Level	2 1 0
Respiration	Able to breathe and cough Dyspnea or limited breathing Apneic	2 1 0
O2 Saturation	Maintain O_2 at> 92% Needs O_2 therapy to maintain >90% O_2 Sat<90% despite O_2 supplementation	2 1 0
Pain	None or mild discomfort Moderate to severe, controlled with IV analgesics Persistent severe pain	2 1 0
Emetic Symptoms	None or mild nausea with no active vomiting Transient vomiting or retching Persistent moderate to severe nausea and vomiting	2 1 0

Score of >12 is required for discharge [no score <1 for any individual category]

POST Sedation Recovery Score : 13

Vitals : H/R : 76 R/R : 14 B/P : 118/80 O2 Saturation : 99

Name & Sign (JR/SR/ Consultant) Name & Sign (Duty Nurse)

Date Time

MCDH/OT Immediate post op observation / F-128/VER-1/ Mar-14

MATA CHANAN DEVI HOSPITAL

(Department of Radio-imaging)

REQUISITION FORM FOR C.T. SCAN / MRI SCAN

NABL ACCREDITED M-0375

CT / MRI NO.....UHID/IP No. 145190..... Ward/OPD No. .....Ph. No. .....Date : 21/6/18

Patient Name ...Mr. HARI RAM.....Age / Sex 83/Male Referring Doctor .....

Address .....

CLINICAL SUMMARY :- H/O Allergy/Asthma/ Renal Disease / Diabetes / Thyroid

.....

Blood Urea ...57.....S. Creatinine ...1.28.....Patient Arrived at :..... Patient Attended at :.....

Prov. Diagnosis .....Abdominal distention.....

Study Required .....CECT W/A..... Justification By Clinician .....

Doctor Sign .....MRI/CT SCAN Tech. Sign ..... Radiologist Sign. .....

Name : .....Name : ..... Name : .....

DECLARATION

1. Have you had any X-ray MRI, CT, Ultrasound or any other scans carried out previously ? Yes / No. (Please provide previous reports for review).
2. Do you have a cardiac pacemaker, cochlear implant, prosthetic heart valve or any implant device metal pins or clips ? YES / NO.
3. Have you had any operation at any time ? YES / No.
   Please give approximate year & date and case record, if any .....
4. Is there any possibility that you might be pregnant ? YES / NO/ LMP.....
5. Any history of allergy / previous contrast reaction. yes / No. (if Yes specify.....)
6. Are you diabetic / HPT / CAD ? Yes / No.
7. Do you have renal dysfunction ? YES / No.

Sign. of the patient / person authorized to sign for patient

Name : .....

Doctor's Sign .....

Name : .....

Tech. Sign. .....

Name : .....

CONSENT

I .....R/o .....hereby give my consent for CT scan / MRI scan examination of Mr. Mrs./Miss (Patient) .....Aged.....year by Dr.....(and whom so ever he / she may designate as his / her assistant / colleague.) I have been informed that if necessary I may be adminstered drug intravenously / Intramuscularly / Orally / by rectal route. I also give permission for any kind of anesthesia required during the course of examination at my risk. I understand the procedure and involved inherent risk specially contrast media and its sequelae which has been explained to me like sensation of warmth, severe pain in the arm, nausea, vomiting, breathlessness, rash, fall in blood pressure, loss of consciousness, allergy and shock, All these effects can occur immediately or upto few hours after the injection and test dose has been claimed to have no role.

I have also been given opportunity to ask any questions regarding above procedures and investigation and I have received answers to my satisfaction.

Sign. of the patient / person authorized to sign for patient

Doctor's Sign .....

Witness's Sign.....

Tech. Sign. .....

Name : .....

Name : .....

Name : .....

Name : .....

Relationship to the Patient : .....

माता चन्नन देवी अस्पताल
(रेडियो-इमेजिंग विभाग)
रोगी द्वारा घोषणा एवं सहमति (सी.टी./एम.आर.आई)

NABL ACCREDITED M-0375

सी.टी./एम.आर.आई संख्या ..... यू.एच.आई.डी/आई पी संख्या .....

वार्ड/ओपीडी नं.....तिथि.....फोन ..... रोगी का नाम .....

उम्र / लिंग .....परामर्शदाता.....पता.....

चिकित्सीय सरांश

एलर्जी / अस्थमा / गुर्दे की कोई बीमारी / मधुमेह / थाईराईड का इतिहास

ब्लड़ यूरिया .....सिरम क्रिएटिनिन .....मरीज के आने का समय : .....

मरीज को देखे जाने का समय :.....अस्थायी निदान.....

आवश्यक जाँच ..... चिकित्सक द्वारा औचित्य .....

टेकनीशियन के हस्ताक्षर/नाम .....चिकित्सक के हस्ताक्षर/नाम.....

.....रेडियोलॉजिस्ट के हस्ताक्षर/नाम.....

घोषणा

1. क्या आपने पहले एक्स-रे, एम.आर.आई., सी.टी., अल्ट्रासाउण्ड अथवा कोई अन्य स्कैन करवाया था? हाँ/नहीं (कृपया समीक्षा के लिए पिछली रिपोर्ट्स प्रदान करें)
2. क्या आपके शरीर में कोई कार्डियक पेसमेकर, कर्णावर्त अंतरोंप, कृत्रिम हृदय कपाट अथवा कोई अंतरोंप उपकरण, धातु पिन अथवा क्लिप है? हाँ/नहीं.
3. क्या कभी भी आपकी शल्य चिकित्सा हुई है? हाँ/नहीं
   कृपया वर्ष एवं तिथि (अगर सटीक वर्ष व तिथि याद न हो, तो जो भी नजदीकी वर्ष व तिथि रही हो), तथा मामले के अभिलेख प्रदान करें, यदि कोई हो .....
4. क्या इस बात की कोई संभावना है कि आप गर्भवती हो सकती हैं? हाँ/नहीं/एल.एम.पी. .....
5. एलर्जी/पूर्व कन्ट्रास्ट रिएक्शन का कोई इतिहास। हां/नहीं (यदि हां तो निर्दिष्ट करें.....)
6. क्या आपको मधुमेह है? हां/नहीं
7. क्या आपको वृक्कीय अपक्रिया (वृक्क रोग) है? हां/नहीं

रोगी/रोगी की ओर से हस्ताक्षरकरने के लिए अधिकृत व्यक्ति के हस्ताक्षर	डॉक्टर के हस्ताक्षर	टेकनीशियन के हस्ताक्षर
नाम :	नाम :	नाम : .....

सहमति

मैं..... निवासी.....

डॉक्टर..... (और जिसे भी वह निर्दिष्ट करते हैं/उनके सहायक/सहकर्मी) को श्री/श्रीमती/सुश्री (रोगी) .....का सी.टी. स्कैन/एम.आर.आई. स्कैन परीक्षण किये जाने के लिए सहमति देता/देती हूँ। मुझे सूचित किया गया है कि आवश्यक होने पर मुझे अंतश्शिरीय/अंतःमासंपेशीय/मुख द्वारा/मलाशयी मार्ग से दवा दी जा सकती है। मैं परीक्षण के दौरान आवश्यकता पड़ने पर अपने जोखिम पर किसी भी प्रकार के संज्ञाहारी दिये जाने की अनुमति भी देता/देती हूँ। मैं क्रियाविधि तथा अंतर्निहित जोखिम खासतौर पर कन्ट्रास्ट मीडिया तथा इसके परिणाम को समझता/समझती हूँ जिसके बारे में मुझे विस्तारपूर्वक बताया गया है जैसे कि गर्माहट का संवेदन, भुजा में तीव्र पीड़ा, मचली, वमन, श्वासहीनता, चकत्ते, रक्तचाप में कमी, बेहोशी, एलर्जी तथा आघात। ये सभी प्रभाव तुरन्त घटित हो सकते हैं अथवा इंजेक्शन के कुछ घंटो पश्चात घटित हो सकते हैं, तथा इसमें परीक्षण खुराक की कोई भूमिका नहीं है।

मुझे क्रियाविधि तथा जांच से सम्बन्धित कोई भी प्रश्न पूछने का अवसर भी दिया गया है तथा मुझे उसके संतुष्टिजनक उत्तर प्राप्त हो गये हैं।

रोगी/रोगी की ओर से हस्ताक्षर करने के लिए अधिकृत व्यक्ति के हस्ताक्षर	डॉक्टर के हस्ताक्षर	गवाह के हस्ताक्षर	टेकनीशियन के हस्ताक्षर
नाम :	नाम :	नाम :	नाम : .....

रोगी से सम्बन्ध : .....

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1199816	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: POST OPERATIVE WITH SURGICAL ICU SECOND FLOOR	Requisition Date & Time	: 20/06/2018	11.12 AM
		SampleColl Date & Time	: 20/06/2018	11.23 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 20/06/2018	12.54 PM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	16.5		13 - 17	gm/dl
TLC	13700	H	4000 - 10000	cell/cumm
DIFFERENTIAL (WBC)				
NEUTROPHILIS	85	H	40 - 75	%
LYMPHOCYTES	10	L	20 - 45	%
MONOCYTES	03		02 - 10	%
EOSINOPHIL	02		01 - 04	%
PLATELET COUNT	190000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Consultant Pathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1199816
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA
Referred By	: GSR-2	Bed No.	: G218-01
Ward	: POST OPERATIVE WITH SURGICAL ICU SECOND FLOOR	Requisition Date & Time	: 20/06/2018 11.12 AM
		SampleColl Date & Time	: 20/06/2018 11.23 AM
Specimen	: SERUM	Reporting Date & Time	: 20/06/2018 12.40 PM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	41		17 - 43	mg/dl
S.CREATININE	1.32		0.81 - 1.44	mg/dl
SERUM URIC ACID	7.2		3.5 - 7.2	mg/dl
S.PROTEINS	6.32	L	6.6 - 8.3	gm/dl
S.ALBUMIN	3.54		3.5 - 5.2	gm/dl
S.GLOBULIN	2.78		2 - 3.5	gm/dl
A/G RATIO	1.27	L	1.6 - 2	
S.SODIUM	135.7	L	136 - 146	mmol/l
S.POTASSIUM	4.9		3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Print Date & Time : 20/06/2018 4.44 PM Print User : VIEW

Patient Type : IP

Name	: Mr. HARI RAM	Req. No.	: 1199725	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: POST OPERATIVE WITH SURGICAL ICU SECOND FLOOR	Requisition Date & Time	: 20/06/2018	8.45 AM
		SampleColl Date & Time	: 20/06/2018	9.34 AM
Specimen	: SERUM	Reporting Date & Time	: 20/06/2018	11.12 AM

LAB SERVICES - BIOCHEMISTRY

SERUM CALCIUM TEST REPORT

Test	Result		Biological Reference	Units
SERUM CALCIUM	8.1	L	8.8 - 10.6	mg/dL
Interpretation :- ALBUMIN 3.44 GM/DL CORRECTED CALCIUM 8.54 MG/DL				
Method :- Arsenazo III				
S.SODIUM	138.2		136 - 146	mmol/l
S.POTASSIUM	5.0		3.5 - 5.1	mmol/l
Method :- ISE(Indirect)				

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Print Date & Time : 20/06/2018 4.44 PM Print User : VIEW

Mata Chanan Devi Hospital

(210 BEDS, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, Janak Puri, New Delhi-58 Ph.: 25554702, 25554487, 25610008, 25610009 Fax : 25544001

Deptt. of Radiology & Imaging

Patient Type	: OPD			
Name	: Mr. HARI RAM	Req. No.	: 1190877	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 813303 /	
Patient's Phone	: 8979690803	Payer Name	: Self	
Ward	:	Req Date & Time	: 30/05/2018	8.47.30 AM
Bed No.	:	Report Date & Time	: 30/05/2018	02:07:44 pm
Unit Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	User Name	: DR AKSHAY	

SCAN NO:- 5399-18 **USG EXAMINATION :WHOLE ABDOMEN**

Liver is normal in size and *shows grade I fatty liver.* Intrahepatic biliary radicals are not dilated. No focal lesion seen.

Gall bladder is not visualized (History of surgery).
CBD is normal in diameter. No calculus seen.
Pancreas is normal in visualized area.
Spleen is normal in size and echotexture.

Both kidneys are normal in size and echotexture. Cortical and sinus echoes are normal. Cortico-medullary differentiation is preserved. No hydronephrosis or calculus is seen.

Right kidney : 8.0 x 4.7 cm
Left kidney :9.2 x 5.5 cm

Urinary Bladder appears normal . No mass or calculus seen.

Prostate is enlarged, weight is 64cc.

No free fluid is seen in abdomen and pelvis.
For evaluation bilateral inguinal hernia USG inguinal scrotal region is advised.

IMPRESSION :
1. GRADE I FATTY LIVER
2. PROSTATOMEGALY
PLEASE CORRELATE CLINICALLY.**

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1199494	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 /	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Ward	: ICCU WARD GROUND FLOOR	Req Date & Time	: 19/06/2018	5.47.15 PM
Bed No.	: G218-01	Report Date & Time	: 19/06/2018	07:24:12 pm
Unit Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	User Name	: DR SUBHASH	

SCAN NO:- 6292-18

USG EXAMINATION :WHOLE ABDOMEN(BEDSIDE)

Significant gaseous bowel distension seen.
Liver is normal in size and echotexture. Intrahepatic biliary radicals are not dilated. No focal lesion seen.

Gall bladder is not visualized (History of surgery) .

Pancreas & Retroperitoneum are obscured.
Spleen is normal in size and echotexture.

Both kidneys are normal in size and echotexture. Cortical and sinus echoes are normal. Cortico-medullary differentiation is preserved. No hydronephrosis or calculus is seen.

Right kidney :9.3 x 4.3 cm
Left kidney :9.2 x 4.8cm

Urinary Bladder is empty at the time of scan.
Pelvis could not be assessed
Suggested review with full bladder.
No free fluid is seen in abdomen.

PLEASE CORRELATE CLINICALLY.**

Dr. Subhash Narang
(Sr. Consultant)

Print Date & Time : 22/06/2018 3.48 PM

Print User :VIEW

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1199502	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 /	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Ward	: ICCU WARD GROUND FLOOR	Req Date & Time	: 19/06/2018	6.02.25 PM
Bed.No.	: G218-01	Report Date & Time	: 19/06/2018	07:25:56 pm
Unit Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	User Name	: GRACY	

SCAN NO:- 12254-18

X-RAY ABDOMEN ERECT & SUPINE

Mild gaseous bowel distension is seen.

No evidence o any definite air fluid levels seen.

PLEASE CORRELATE CLINICALLY**

Dr. Subhash Narang
(Sr. Consultant)

Print Date & Time : 22/06/2018 3.48 PM

Print User :VIEW

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1199816	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 20/06/2018	11.12 AM
		SampleColl Date & Time	: 20/06/2018	11.23 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 20/06/2018	12.54 PM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	16.5		13 - 17	gm/dl
C	13700	H	4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	85	H	40 - 75	%
LYMPHOCYTES	10	L	20 - 45	%
MONOCYTES	03		02 - 10	%
EOSINOPHIL	02		01 - 04	%
PLATELET COUNT	190000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1199725	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 20/06/2018	8.45 AM
		SampleColl Date & Time	: 20/06/2018	9.34 AM
Specimen	: SERUM	Reporting Date & Time	: 20/06/2018	11.12 AM

LAB SERVICES - BIOCHEMISTRY

SERUM CALCIUM TEST REPORT

Test	Result		Biological Reference	Units
SERUM CALCIUM	8.1	L	8.8 - 10.6	mg/dL
Interpretation :- ALBUMIN 3.44 GM/DL CORRECTED CALCIUM 8.54 MG/DL				
Method :- Arsenazo III				
S.SODIUM	138.2		136 - 146	mmol/l
S.POTASSIUM	5.0		3.5 - 5.1	mmol/l
Method :- ISE(Indirect)				

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1199816	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 20/06/2018	11.12 AM
		SampleColl Date & Time	: 20/06/2018	11.23 AM
Specimen	: SERUM	Reporting Date & Time	: 20/06/2018	12.40 PM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	41		17 - 43	mg/dl
S.CREATININE	1.32		0.81 - 1.44	mg/dl
SERUM URIC ACID	7.2		3.5 - 7.2	mg/dl
S.PROTEINS	6.32	L	6.6 - 8.3	gm/dl
S.ALBUMIN	3.54		3.5 - 5.2	gm/dl
S.GLOBULIN	2.78		2 - 3.5	gm/dl
A/G RATIO	1.27	L	1.6 - 2	
S.SODIUM	135.7	L	136 - 146	mmol/l
S.POTASSIUM	4.9		3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200217	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 21/06/2018	10.13 AM
		SampleColl Date & Time	: 21/06/2018	10.24 AM
Specimen	: SERUM	Reporting Date & Time	: 21/06/2018	11.21 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	57	H	17 - 43	mg/dl
CREATININE	1.22		0.81 - 1.44	mg/dl
SERUM URIC ACID	7.4	H	3.5 - 7.2	mg/dl
S.PROTEINS	6.36	L	6.6 - 8.3	gm/dl
S.ALBUMIN	3.32	L	3.5 - 5.2	gm/dl
S.GLOBULIN	3.04		2 - 3.5	gm/dl
A/G RATIO	1.09	L	1.6 - 2	
S.SODIUM	137.5		136 - 146	mmol/l
S.POTASSIUM	4.4		3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200217	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 21/06/2018	10.13 AM
		SampleColl Date & Time	: 21/06/2018	10.24 AM
Specimen	: SERUM	Reporting Date & Time	: 21/06/2018	11.21 AM

LAB SERVICES - BIOCHEMISTRY

SERUM MAGNESIUM TEST REPORT

Test	Result		Biological Reference	Units
SERUM MAGNESIUM	1.6	L	1.8 - 2.6	mg/dL

Method :- Xylidyl blue

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200338	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 21/06/2018	1.23 PM
		SampleColl Date & Time	: 21/06/2018	1.43 PM
Specimen	: S0000001	Reporting Date & Time	: 21/06/2018	2.50 PM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
	7.48	H	7.3 - 7.4	
PCO2	33	L	35 - 45	mmHg
PO2	56	L	80 - 100	mmHg
HCO3	24.6		21 - 30	mEq/L
TCO2	25.6		23 - 27	mmol/l
BEB	1.8			mEq/L
SBC	26.1	H	22 - 26	mmol/l
BEECF	1.1			mEq/L
%SO2C	91	L	96 - 97	%
LACTATE	1.9		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200217	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G218-01	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 21/06/2018	10.13 AM
		SampleColl Date & Time	: 21/06/2018	10.24 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 21/06/2018	12.02 PM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	15.8		13 - 17	gm/dl
WBC	17860	H	4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	88	H	40 - 75	%
LYMPHOCYTES	10	L	20 - 45	%
MONOCYTES	02		02 - 10	%
PLATELET COUNT	190000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200337	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 /	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Ward	: ICCU WARD GROUND FLOOR	Req Date & Time	: 21/06/2018	1.21.07 PM
Bed No.	: G218-01	Report Date & Time	: 21/06/2018	07:45:29 pm
Unit Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	User Name	: DR SUBHASH	

S.No - 12402/18

X RAY CHEST PA VIEW

Ryle's Tube noted.

Soft tissue and thoracic cage are normal.

Trachea is central.

Cardiac configuration is normal with normal cardio-thoracic ratio.

Pulmonary vasculature is normal.

Both costo-phrenic angles and domes of diaphragm are normal.

No pulmonary parenchymal lesion seen.

A thin streak of free air seen under right dome of diaphragm.

PLEASE CORRELATE CLINICALLY.

Dr. Subhash Narang
(Sr. Consultant)

Print Date & Time : 22/06/2018 3.50 PM

Print User :VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM		
Age/Gender	: 83 Years / Male	Req. No.	: 1200587
Patient's Phone	: 8979690808	UHID No. / IP No.	: 818544 145190
Referred By	: GSR-2	Payer Name	: RAKSHA TPA
Ward	: ICCU WARD GROUND FLOOR	Bed No.	: G 30-11
		Requisition Date & Time	: 22/06/2018 5.07 AM
Specimen	: SERUM	SampleColl Date & Time	: 22/06/2018 6.29 AM
		Reporting Date & Time	: 22/06/2018 8.02 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	62	H	17 - 43	mg/dl
CREATININE	1.17		0.81 - 1.44	mg/dl
SERUM URIC ACID	7.4	H	3.5 - 7.2	mg/dl
S.PROTEINS	5.61	L	6.6 - 8.3	gm/dl
S.ALBUMIN	3.02	L	3.5 - 5.2	gm/dl
S.GLOBULIN	2.59		2 - 3.5	gm/dl
A/G RATIO	1.17	L	1.6 - 2	
S.SODIUM	138.8		136 - 146	mmol/l
S.POTASSIUM	3.9		3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 22/06/2018 3.50 PM Print User : VIEW

PROVISIONAL REPORT

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200587	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 /	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Ward	: ICCU WARD GROUND FLOOR	Req Date & Time	: 22/06/2018	5.07.26 AM
Bed No.	: G 30-11	Report Date & Time	: 22/06/2018	02:26:41 pm
Unit Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	User Name	: GRACY	

S.No - 12453-18

X RAY CHEST AP VIEW

Ryle's tube seen in situ.

Soft tissue and thoracic cage are normal.

Trachea is central.

Cardiac configuration is normal with normal cardio-thoracic ratio.

Age related prominent bronchovascular markings noted in bilateral lung fields.

Both costo-phrenic angles and domes of diaphragm are normal.

No pulmonary parenchymal lesion seen.

PLEASE CORRELATE CLINICALLY.

**

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200587	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 22/06/2018	5.07 AM
		SampleColl Date & Time	: 22/06/2018	6.29 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 22/06/2018	7.35 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
pH	7.46	H	7.3 - 7.4	
PCO2	40		35 - 45	mmHg
PO2	73	L	80 - 100	mmHg
HCO3	28.4		21 - 30	mEq/L
TCO2	29.6	H	23 - 27	mmol/l
BEB	4.2			mEq/L
SBC	28.2	H	22 - 26	mmol/l
BEECF	4.6			mEq/L
%SO2C	95	L	96 - 97	%
LACTATE	2.0		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method .:- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ******

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1200607
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 22/06/2018 8.10 AM
		SampleColl Date & Time	: 22/06/2018 8.35 AM
Specimen	: SERUM	Reporting Date & Time	: 22/06/2018 10.03 AM

LAB SERVICES - BIOCHEMISTRY

LFT (PROFILES) TEST REPORT

Test	Result		Biological Reference	Units
S.BILIRUBIN TOTAL	0.78		0.3 - 1.2	mg/dL
S.BILIRUBIN CONJ	0.21	H	0 - 0.2	mg/dL
S.G.O.T	43		0 - 50	U/L
S.G.P.T	32		0 - 50	U/L
S.ALK PHOSPHATASE	71		30 - 120	IU/L
S.PROTEINS	5.55	L	6.6 - 8.3	gm/dl
S.ALBUMIN	2.67	L	3.5 - 5.2	gm/dl
S.GLOBULIN	2.88		2 - 3.5	gm/dl
A/G RATIO	0.93	L	1.6 - 2	
GGT	11		0 - 55	U/L

Method :- Method : Processed in fully automatic random access analyser - Beckman Synchron AU480. Methodology used : S.Bilirubin - T (DPD), S.Bilirubin - D (Diazotization), S.GOT, S.GPT (U.V without P5P), S. Alkaline Phosphatase (PNP AMP Buffer),S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 22/06/2018 3.50 PM Print User : VIEW

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200587	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 22/06/2018	5.07 AM
		SampleColl Date & Time	: 22/06/2018	6.29 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 22/06/2018	7.38 AM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	12.0	L	13 - 17	gm/dl
	12240	H	4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	92	H	40 - 75	%
LYMPHOCYTES	07	L	20 - 45	%
MONOCYTES	01	L	02 - 10	%
EOSINOPHIL	00	L	01 - 04	%
PLATELET COUNT	180000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200607	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 22/06/2018	8.10 AM
		SampleColl Date & Time	: 22/06/2018	8.35 AM
Specimen	: URINE	Reporting Date & Time	: 22/06/2018	9.25 AM

LAB SERVICES - CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC TEST REPORT

Test	Result	Biological Reference	Units
PHYSICAL EXAMINATION			
QUANTITY	25		ml
SPECIFIC GRAVITY	1.020	1.000 - 1.030	
COLOUR	DEEP YELLOW		
TRANSPARENCY	TURBID		
CHEMICAL EXAMINATION			
URINE ALBUMIN	(++)	NIL	
REACTION	ACIDIC		
URINE SUGAR	NIL		
MICROSCOPIC EXAMINATION			
EPITHELIAL CELL	OCCASIONAL	NIL-OCCASIONAL	/HPF
PUS CELLS	OCCASIONAL	NIL-OCCASIONAL	/HPF
RED BLOOD CELL (RBC)	50-60		
OTHER	BACTERIA PRESENT		
AMORPHOUS	URATES (+)		

Method :- Dip stick method and microscopy

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200971	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 23/06/2018	4.15 AM
		SampleColl Date & Time	: 23/06/2018	5.17 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 23/06/2018	7.21 AM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	10.5	L	13 - 17	gm/dl
TLC	9290		4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	85	H	40 - 75	%
LYMPHOCYTES	12	L	20 - 45	%
MONOCYTES	02		02 - 10	%
EOSINOPHIL	01		01 - 04	%
PLATELET COUNT	180000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1200587	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 22/06/2018	5.07 AM
		SampleColl Date & Time	: 22/06/2018	6.29 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 22/06/2018	7.35 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.46	H	7.3 - 7.4	
PCO2	40		35 - 45	mmHg
PO2	73	L	80 - 100	mmHg
HCO3	28.4		21 - 30	mEq/L
TCO2	29.6	H	23 - 27	mmol/l
BEB	4.2			mEq/L
SBC	28.2	H	22 - 26	mmol/l
BEECF	4.6			mEq/L
%SO2C	95	L	96 - 97	%
LACTATE	2.0		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

Print Date & Time : 26/06/2018 4.44 PM Print User : VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1200971
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 23/06/2018 4.15 AM
		SampleColl Date & Time	: 23/06/2018 5.17 AM
Specimen	: SERUM	Reporting Date & Time	: 23/06/2018 8.08 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	45	H	17 - 43	mg/dl
S.CREATININE	1.0		0.81 - 1.44	mg/dl
SERUM URIC ACID	4.4		3.5 - 7.2	mg/dl
S.PROTEINS	5.87	L	6.6 - 8.3	gm/dl
S.ALBUMIN	3.16	L	3.5 - 5.2	gm/dl
S.GLOBULIN	2.71		2 - 3.5	gm/dl
A/G RATIO	1.17	L	1.6 - 2	
S.SODIUM	145.5		136 - 146	mmol/l
S.POTASSIUM	3.8		3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Print Date & Time : 26/06/2018 4.45 PM Print User : VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1201370
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 24/06/2018 4.55 AM
		SampleColl Date & Time	: 24/06/2018 6.24 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 24/06/2018 7.37 AM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	10.7	L	13 - 17	gm/dl
TLC	7400		4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	79	H	40 - 75	%
LYMPHOCYTES	15	L	20 - 45	%
MONOCYTES	04		02 - 10	%
EOSINOPHIL	02		01 - 04	%
PLATELET COUNT	190000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Print Date & Time : 26/06/2018 4.45 PM Print User : VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1201370
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 24/06/2018 4.55 AM
		SampleColl Date & Time	: 24/06/2018 6.24 AM
Specimen	: SERUM	Reporting Date & Time	: 24/06/2018 8.02 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	51	H	17 - 43	mg/dl
S.CREATININE	0.92		0.81 - 1.44	mg/dl
SERUM URIC ACID	3.9		3.5 - 7.2	mg/dl
S.PROTEINS	5.62	L	6.6 - 8.3	gm/dl
S.ALBUMIN	2.91	L	3.5 - 5.2	gm/dl
S.GLOBULIN	2.71		2 - 3.5	gm/dl
A/G RATIO	1.07	L	1.6 - 2	
S.SODIUM	148.2	H	136 - 146	mmol/l
S.POTASSIUM	3.4	L	3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1202050
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: ICCU WARD GROUND FLOOR	Requisition Date & Time	: 25/06/2018 9.40 PM
		SampleColl Date & Time	: 25/06/2018 10.13 PM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 25/06/2018 10.16 PM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.48	H	7.3 - 7.4	
PCO2	42		35 - 45	mmHg
PO2	65	L	80 - 100	mmHg
HCO3	31.3	H	21 - 30	mEq/L
TCO2	32.6	H	23 - 27	mmol/l
BEB	7.1			mEq/L
SBC	30.4	H	22 - 26	mmol/l
BEECF	7.8			mEq/L
%SO2C	94	L	96 - 97	%
LACTATE	1.4		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1201649
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 25/06/2018 3.29 AM
		SampleColl Date & Time	: 25/06/2018 5.49 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 25/06/2018 7.01 AM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	11.8	L	13 - 17	gm/dl
TLC	8950		4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	80	H	40 - 75	%
LYMPHOCYTES	13	L	20 - 45	%
MONOCYTES	05		02 - 10	%
EOSINOPHIL	02		01 - 04	%
PLATELET COUNT	173000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type : IP

Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018	7.21 AM

LAB SERVICES - BIOCHEMISTRY

LFT (PROFILES) TEST REPORT

Test	Result		Biological Reference	Units
S. BILIRUBIN TOTAL	0.47		0.3 - 1.2	mg/dL
S. BILIRUBIN CONJ	0.14		0 - 0.2	mg/dL
S.G.O.T	86	H	0 - 50	U/L
S.G.P.T	43		0 - 50	U/L
S.ALK PHOSPHATASE	142	H	30 - 120	IU/L
S.PROTEINS	7.66		6.6 - 8.3	gm/dl
S.ALBUMIN	4.01		3.5 - 5.2	gm/dl
S.GLOBULIN	3.65	H	2 - 3.5	gm/dl
A/G RATIO	1.10	L	1.6 - 2	
GGT	136	H	0 - 55	U/L

Method : Method : Processed in fully automatic random access analyser - Beckman Synchron AU480. Methodology used : S.Bilirubin - T (DPD), S.Bilirubin - D (Diazotization), S.GOT, S.GPT (U.V without P5P), S. Alkaline Phosphatase (PNP AMP Buffer),S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 25/06/2018 2.37 PM Print User : VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1201998
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 / 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA gipsa
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Req Date & Time	: 25/06/2018 5.53.44 PM
Bed No.	: G 30-11	Report Date & Time	: 26/06/2018 10:18:51 am
Unit Doctors	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	User Name	: GRACY

S.No - 12605-18

X RAY CHEST AP VIEW

Soft tissue and thoracic cage are normal.

Trachea is central.

Cardiac configuration is normal with normal cardio-thoracic ratio.

Pulmonary vasculature is normal.

Both costo-phrenic angles and domes of diaphragm are normal.

Small patchy opacity seen at left base.

PLEASE CORRELATE CLINICALLY.

**

Dr. Subhash Narang
(Sr. Consultant)

Print Date & Time : 28/06/2018 3.53 PM

Print User :VIEW

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 25/06/2018	7.07 AM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	11.9	L	13 - 17	gm/dl
TLC	32160	H	4000 - 10000	cell/cumm
DLC (DIFFERENTIAL /WBC)				
NEUTROPHILIS	53		40 - 75	%
LYMPHOCYTES	34		20 - 45	%
MONOCYTES	03		02 - 10	%
EOSINOPHIL	03		01 - 04	%
METAMYELOCYTES	04			%
MYELOCYTES	03	H		%
PLATELET COUNT	354000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 25/06/2018 2.37 PM Print User : VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1202050
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 25/06/2018 9.40 PM
		SampleColl Date & Time	: 25/06/2018 10.13 PM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 25/06/2018 10.16 PM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.48	H	7.3 - 7.4	
PCO2	42		35 - 45	mmHg
PO2	65	L	80 - 100	mmHg
HCO3	31.3	H	21 - 30	mEq/L
TCO2	32.6	H	23 - 27	mmol/l
BEB	7.1			mEq/L
SBC	30.4	H	22 - 26	mmol/l
BEECF	7.8			mEq/L
%SO2C	94	L	96 - 97	%
LACTATE	1.4		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018	8.20 AM

LAB SERVICES - MICROBIOLOGY

HEPATITIS B SURFACE (HBS) ANTIGEN TEST* TEST REPORT

Test	Result	Biological Reference	Units
SPECIMEN-	BLOOD		
HBs Ag* (IMMUNOCHROMATOGRAPHY)	Non Reactive		
CMIA((SAMPLE RLU /CUT OFF RLU:)	0.44	S/CO < 1.00 Non Reactive S/CO >= 1.00 Reactive	
RESULT	Non Reactive		

Interpretation :- Hepatitis B surface antigen (HBsAg) detection by Immunochromatographic method is a visual, rapid immunoassay for qualitative detection and only screening of HBsAg in human serum. All Reactive/ Non-Reactive results need to be confirmed using CMIA/ ELISA/ Molecular methods.
Chemiluminiscent Microparticle Immunoassay (CMIA) for HBsAg is for the screening and qualitative detection of HBsAg in human serum with analytical sensitivity of 0.017- 0.022 IU/ml and specificity of 99.87%.
Patient in the WINDOW PHASE may be negative for these assays. Therefore all results whether reactive/ non reactive should be confirmed by nucleic acid detection methods as PCR.

Method :- Immunochromatography/Chemiluminiscent Microparticle Immunoassay(CMIA)

*These parameter are within the scope of NABL

******** End of Report ********

Dr. SHILPI KHANNA (DMC 17123)
Consultant Microbiologist

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 25/06/2018 2.37 PM Print User : VIEW

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1201649
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 25/06/2018 3.29 AM
		SampleColl Date & Time	: 25/06/2018 5.49 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018 7.25 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	51	H	17 - 43	mg/dl
S.CREATININE	0.91		0.81 - 1.44	mg/dl
SERUM URIC ACID	3.7		3.5 - 7.2	mg/dl
S.PROTEINS	5.65	L	6.6 - 8.3	gm/dl
S.ALBUMIN	2.85	L	3.5 - 5.2	gm/dl
S.GLOBULIN	2.80		2 - 3.5	gm/dl
A/G RATIO	1.02	L	1.6 - 2	
S.SODIUM	148.7	H	136 - 146	mmol/l
S.POTASSIUM	3.9		3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018	8.20 AM

LAB SERVICES - MICROBIOLOGY

HEPATITIS C VIRUS ANTIBODY* TEST REPORT

Test	Result	Biological Reference	Units
SPECIMEN-	BLOOD		
HCV *(RAPID IMMUNOASSAY)	Non Reactive		
CMIA((SAMPLE RLU /CUT OFF RLU:)	0.06	S/CO < 1.00 Non Reactive S/CO >= 1.00 Reactive	
RESULT	Non Reactive		

Interpretation :- HCV Tridot (Rapid Immunoassay) is a rapid, visual, qualitative, in vitro screening diagnostic test for detection of antibodies to Hepatitis C Virus in human serum. All reactive/non reactive cases using this method must be retested by CMIA /ELISA based tests or molecular assays.
Chemiluminiscent Microparticle Immunoassay (CMIA) for antibody to Hepatitis C Virus (anti-HCV) is for the qualitative detection of antibody to HCV in human serum with a sensitivity and specificity of 99.10% and 99.60% respectively.
This is a surrogate marker for HCV. Reactivity for HCV antibody using Rapid Immunoassay/CMIA/ELISA does not always indicate presence of HCV-RNA as these assays can be negative in the early stage of infection with Hepatitis C Virus. Subsequent of all reactive/non-reactive cases, confirmation with molecular assays as HCV-RNA PCR is mandatory, which is more sensitive and specific.

Method :- Rapid immunoassay/Chemiluminiscent Microparticle Immunoassay(CMIA)

*These parameter are within the scope of NABL

******** End of Report ********

Dr. SHILPI KHANNA (DMC 17123)
Consultant Microbiologist

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type : IP

Name	: Mr. HARI RAM	Req. No.	: 1201991	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 25/06/2018	5.21 PM
		SampleColl Date & Time	: 25/06/2018	5.45 PM
Specimen	: HEPARIN BLOOD	Reporting Date & Time	: 25/06/2018	7.04 PM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.50	H	7.3 - 7.4	
PCO2	37		35 - 45	mmHg
PO2	57	L	80 - 100	mmHg
HCO3	28.9		21 - 30	mEq/L
TCO2	30.0	H	23 - 27	mmol/l
BEB	5.5			mEq/L
SBC	29.1	H	22 - 26	mmol/l
BEECF	5.7			mEq/L
%SO2C	92	L	96 - 97	%
LACTATE	1.2		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018	7.22 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	54	H	17 - 43	mg/dl
S.CREATININE	1.82	H	0.81 - 1.44	mg/dl
SERUM URIC ACID	9.3	H	3.5 - 7.2	mg/dl
S.SODIUM	131.6	L	136 - 146	mmol/l
S.POTASSIUM	5.7	H	3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 25/06/2018 2.37 PM Print User : VIEW

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1202111	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA	
Referred By	: GSR-2	Bed No.	: G 30-11	
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 26/06/2018	4.43 AM
		SampleColl Date & Time	: 26/06/2018	5.42 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 26/06/2018	6.57 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.48	H	7.3 - 7.4	
PCO2	44		35 - 45	mmHg
PO2	67	L	80 - 100	mmHg
HCO3	32.8	H	21 - 30	mEq/L
TCO2	34.2	H	23 - 27	mmol/l
BEB	8.4			mEq/L
SBC	31.4	H	22 - 26	mmol/l
BEECF	9.3			mEq/L
%SO2C	94	L	96 - 97	%
LACTATE	1.2		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201665	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	5.20 AM
		SampleColl Date & Time	: 25/06/2018	6.20 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 25/06/2018	6.48 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	6.80	L	7.3 - 7.4	
PCO	52	H	35 - 45	mmHg
PO2	166	H	80 - 100	mmHg

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1202111
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 26/06/2018 4.43 AM
		SampleColl Date & Time	: 26/06/2018 5.42 AM
Specimen	: SERUM	Reporting Date & Time	: 26/06/2018 7.18 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	49	H	17 - 43	mg/dl
S.CREATININE	0.78	L	0.81 - 1.44	mg/dl
SERUM URIC ACID	3.7		3.5 - 7.2	mg/dl
S.PROTEINS	5.46	L	6.6 - 8.3	gm/dl
S.ALBUMIN	2.84	L	3.5 - 5.2	gm/dl
S.GLOBULIN	2.62		2 - 3.5	gm/dl
A/G RATIO	1.08	L	1.6 - 2	
S.SODIUM	144.4		136 - 146	mmol/l
S.POTASSIUM	3.1	L	3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 25/06/2018	6.46 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.42	H	7.3 - 7.4	
PCO	44		35 - 45	mmHg
PO2	75	L	80 - 100	mmHg
HCO3	28.5		21 - 30	mEq/L
TCO2	29.9	H	23 - 27	mmol/l
BEB	3.5			mEq/L
SBC	27.6	H	22 - 26	mmol/l
BEECF	4.0			mEq/L
%SO2C	95	L	96 - 97	%
LACTATE	7.4		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1202111
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: G 30-11
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 26/06/2018 4.43 AM
		SampleColl Date & Time	: 26/06/2018 5.42 AM
Specimen	: BLOOD (EDTA)	Reporting Date & Time	: 26/06/2018 7.06 AM

LAB SERVICES - HAEMATOLOGY

CBC (COMPLETE BLOOD COUNTS) TEST REPORT

Test	Result		Biological Reference	Units
HAEMOGLOBIN	12.0	L	13 - 17	gm/dl
TLC	9540		4000 - 10000	cell/cumm
DLC(DIFFERENTIAL /WBC)				
NEUTROPHILIS	80	H	40 - 75	%
LYMPHOCYTES	15	L	20 - 45	%
MONOCYTES	03		02 - 10	%
EOSINOPHIL	02		01 - 04	%
PLATELET COUNT	215000		150000 - 400000	/cumm

Method :- Automated 6 part haematology analyser and correlation with smear examination. (Methodology used: DC detection & Non cyanide Hb detection method)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018	7.22 AM

LAB SERVICES - BIOCHEMISTRY

KFT (KIDNEY FUNCTION TEST) TEST REPORT

Test	Result		Biological Reference	Units
S.UREA	54	H	17 - 43	mg/dl
S.CREATININE	1.82	H	0.81 - 1.44	mg/dl
SERUM URIC ACID	9.3	H	3.5 - 7.2	mg/dl
S.SODIUM	131.6	L	136 - 146	mmol/l
S.POTASSIUM	5.7	H	3.5 - 5.1	mmol/l

Method :- Processed in fully automatic random access analyser - Beckman Synchron AU480.
Methodology used : B.Urea - (Urease, UV), S.Creatinine - (Alkaline picrate - end point), S.Uric Acid - (Uricase, UV),
S.Protein - (Biuret), S.Albumin - (BCG), S.Globulin & A/G Ratio - (Calculated), S.Electrolytes - (ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1202447
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: D133 -02
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 26/06/2018 6.17 PM
		SampleColl Date & Time	: 26/06/2018 6.24 PM
Specimen	: SERUM	Reporting Date & Time	: 26/06/2018 7.29 PM

LAB SERVICES - BIOCHEMISTRY

SERUM ELECTROLYTES TEST REPORT

Test	Result		Biological Reference	Units
S.SODIUM	145.1		136 - 146	mmol/l
S.POTASSIUM	3.3	L	3.5 - 5.1	mmol/l

Method :- ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 28/06/2018 3.55 PM Print User : VIEW

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201665	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	5.20 AM
		SampleColl Date & Time	: 25/06/2018	6.20 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 25/06/2018	6.48 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
pH	6.80	L	7.3 - 7.4	
pCO2	52	H	35 - 45	mmHg
pO2	166	H	80 - 100	mmHg

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Patient Type	: IP		
Name	: Mr. HARI RAM	Req. No.	: 1202535
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544 145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA
Referred By	: GSR-2	Bed No.	: D133 -02
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 27/06/2018 3.44 AM
		SampleColl Date & Time	: 27/06/2018 8.21 AM
Specimen	: SERUM	Reporting Date & Time	: 27/06/2018 9.44 AM

LAB SERVICES - BIOCHEMISTRY

SERUM ELECTROLYTES TEST REPORT

Test	Result		Biological Reference	Units
S.SODIUM	145.4		136 - 146	mmol/l
S.POTASSIUM	3.0	L	3.5 - 5.1	mmol/l

Method :- ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

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Print Date & Time : 28/06/2018 3.55 PM - Print User : VIEW

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 25/06/2018	6.46 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
pH	7.42	H	7.3 - 7.4	
pCO2	44		35 - 45	mmHg
pO2	75	L	80 - 100	mmHg
HCO3	28.5		21 - 30	mEq/L
tCO2	29.9	H	23 - 27	mmol/l
BEB	3.5			mEq/L
SBC	27.6	H	22 - 26	mmol/l
BEECF	4.0			mEq/L
%SO2C	95	L	96 - 97	%
LACTATE	7.4		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Patient Type	: IP			
Name	: Mr. HARI RAM	Req. No.	: 1202972	
Age/Gender	: 83 Years / Male	UHID No. / IP No.	: 818544	145190
Patient's Phone	: 8979690808	Payer Name	: RAKSHA TPA GIPSA	
Referred By	: GSR-2	Bed No.	: D133 -02	
Ward	: SEMI PRIVATE WARD MALE FIRST FLOOR	Requisition Date & Time	: 28/06/2018	3.44 AM
		SampleColl Date & Time	: 28/06/2018	7.57 AM
Specimen	: SERUM	Reporting Date & Time	: 28/06/2018	10.05 AM

LAB SERVICES - BIOCHEMISTRY

SERUM ELECTROLYTES TEST REPORT

Test	Result		Biological Reference	Units
S.SODIUM	150.0	H	136 - 146	mmol/l
S.POTASSIUM	3.4	L	3.5 - 5.1	mmol/l

Method :- ISE(Indirect)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Print Date & Time : 28/06/2018 3.55 PM Print User : VIEW

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201659	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	4.43 AM
		SampleColl Date & Time	: 25/06/2018	4.59 AM
Specimen	: SERUM	Reporting Date & Time	: 25/06/2018	7.22 AM

LAB SERVICES - BIOCHEMISTRY

CARDIAC PROFILE TEST REPORT

Test	Result		Biological Reference	Units
CARDIAC PROFILE				
S.GOT	86	H	0 - 50	U/L
S.LDH	434.7	H	0 - 248	IU/L
S.CPK	131		0 - 171	IU/L
SERUM CPK-MB	87.5	H	0 - 24	IU/L

Method :- Methodlogy used S.LDH (Lactate to Pyruvate), S.GOT (UV without P5P), S.CPK (NAC Activated - IFCC) ,S. CPK MB (Enzymatic immoninhibition)

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

MATA CHANAN DEVI HOSPITAL

C-1 , JANAKPURI NEW DELHI - 110058

Patient Name	: Mr.HARI RAM	Inpatient no	: 145190
Age/Gender	: 83 Male	Admit Date	: 19/06/2018
UHID	: 818544		

TESTCOMPONENT	RESULTVALUE	UNITS	NORMALVALUE
		BIOCHEMISTRY	
BLOOD GAS ANALYSIS (ABG)			
21/06/2018 01:23PM			
pH	7.48		7.3 - 7.4
pCO2	33	mmHg	35 - 45
pO2	56	mmHg	80 - 100
HCO3	24.6	mEq/L	21 - 30
TCO2	25.6	mmol/l	23 - 27
BEb	1.8	mEq/L	
SBc	26.1	mmol/l	22 - 26
BEecf	1.1	mEq/L	
%sO2c	91	%	96 - 97
LACTATE	1.9	mmol/L	1.12 - 5
Kindly correlate clinically.			
22/06/2018 05:07AM			
pH	7.46		7.3 - 7.4
pCO2	40	mmHg	35 - 45
pO2	73	mmHg	80 - 100
HCO3	28.4	mEq/L	21 - 30
TCO2	29.6	mmol/l	23 - 27
BEb	4.2	mEq/L	
SBc	28.2	mmol/l	22 - 26
BEecf	4.6	mEq/L	
%sO2c	95	%	96 - 97
LACTATE	2.0	mmol/L	1.12 - 5
Kindly correlate clinically.			
25/06/2018 05:21PM			
pH	7.50		7.3 - 7.4
pCO2	37	mmHg	35 - 45
pO2	57	mmHg	80 - 100
HCO3	28.9	mEq/L	21 - 30
TCO2	30.0	mmol/l	23 - 27
BEb	5.5	mEq/L	
SBc	29.1	mmol/l	22 - 26
BEecf	5.7	mEq/L	
%sO2c	92	%	96 - 97
LACTATE	1.2	mmol/L	1.12 - 5
Kindly correlate clinically.			
25/06/2018 09:40PM			
pH	7.48		7.3 - 7.4
pCO2	42	mmHg	35 - 45
pO2	65	mmHg	80 - 100

Patient Name	: Mr.HARI RAM	Inpatient no	: 145190
Age/Gender	: 83 Male	Admit Date	: 19/06/2018
UHID	: 818544		

TESTCOMPONENT	RESULTVALUE	UNITS	NORMALVALUE
HCO3	31.3	mEq/L	21 - 30
TCO2	32.6	mmol/l	23 - 27
BEb	7.1	mEq/L	
SBc	30.4	mmol/l	22 - 26
BEecf	7.8	mEq/L	
%sO2c	94	%	96 - 97
LACTATE	1.4	mmol/L	1.12 - 5
Kindly correlate clinically.			
26/06/2018 04:43AM			
pH	7.48		7.3 - 7.4
pCO2	44	mmHg	35 - 45
pO2	67	mmHg	80 - 100
HCO3	32.8	mEq/L	21 - 30
TCO2	34.2	mmol/l	23 - 27
BEb	8.4	mEq/L	
SBc	31.4	mmol/l	22 - 26
BEecf	9.3	mEq/L	
%sO2c	94	%	96 - 97
LACTATE	1.2	mmol/L	1.12 - 5
Kindly correlate clinically.			
IONISED CALCIUM			
21/06/2018 10:13AM			
IONISED CALCIUM	4.04	mg/dl	4 - 4.8
Clinical significance :- Hypercalcemia (Increased ionized calcium) Increased intestinal absorption Incr			
KFT (KIDNEY FUNCTION TEST)			
20/06/2018 11:12AM			
S.UREA	41	mg/dl	17 - 43
S.CREATININE	1.32	mg/dl	0.81 - 1.44
SERUM URIC ACID	7.2	mg/dl	3.5 - 7.2
S.PROTEINS	6.32	gm/dl	6.6 - 8.3
S.ALBUMIN	3.54	gm/dl	3.5 - 5.2
S.GLOBULIN	2.78	gm/dl	2 - 3.5
A/G Ratio	1.27		1.6 - 2
S.SODIUM	135.7	mmol/l	136 - 146
S.POTASSIUM	4.9	mmol/l	3.5 - 5.1
21/06/2018 10:13AM			
S.UREA	57	mg/dl	17 - 43
S.CREATININE	1.22	mg/dl	0.81 - 1.44
SERUM URIC ACID	7.4	mg/dl	3.5 - 7.2
S.PROTEINS	6.36	gm/dl	6.6 - 8.3
S.ALBUMIN	3.32	gm/dl	3.5 - 5.2
S.GLOBULIN	3.04	gm/dl	2 - 3.5
A/G Ratio	1.09		1.6 - 2
S.SODIUM	137.5	mmol/l	136 - 146
S.POTASSIUM	4.4	mmol/l	3.5 - 5.1
22/06/2018 05:07AM			
S.UREA	62	mg/dl	17 - 43
S.CREATININE	1.17	mg/dl	0.81 - 1.44
SERUM URIC ACID	7.4	mg/dl	3.5 - 7.2

Patient Name	: Mr.HARI RAM	Inpatient no	: 145190
Age/Gender	: 83 Male	Admit Date	: 19/06/2018
UHID	: 818544		

TESTCOMPONENT	RESULTVALUE	UNITS	NORMALVALUE
S.G.P.T	32	U/L	0 - 50
S.ALK PHOSPHATASE	71	IU/L	30 - 120
S.PROTEINS	5.55	gm/dl	6.6 - 8.3
S.ALBUMIN	2.67	gm/dl	3.5 - 5.2
S.GLOBULIN	2.88	gm/dl	2 - 3.5
A/G Ratio	0.93		1.6 - 2
GGT	11	U/L	0 - 55
SERUM CALCIUM			
20/06/2018 08:45AM			
SERUM CALCIUM	8.1	mg/dL	8.8 - 10.6
ALBUMIN 3.44 GM/DL CORRECTED CALCIUM 8.54 MG/DL			
SERUM ELECTROLYTES			
20/06/2018 08:45AM			
S.SODIUM	138.2	mmol/l	136 - 146
S.POTASSIUM	5.0	mmol/l	3.5 - 5.1
26/06/2018 06:17PM			
S.SODIUM	145.1	mmol/l	136 - 146
S.POTASSIUM	3.3	mmol/l	3.5 - 5.1
27/06/2018 03:44AM			
S.SODIUM	145.4	mmol/l	136 - 146
S.POTASSIUM	3.0	mmol/l	3.5 - 5.1
27/06/2018 12:31PM			
S.SODIUM	142.7	mmol/l	136 - 146
S.POTASSIUM	3.8	mmol/l	3.5 - 5.1
28/06/2018 03:44AM			
S.SODIUM	150.0	mmol/l	136 - 146
S.POTASSIUM	3.4	mmol/l	3.5 - 5.1
SERUM MAGNESIUM			
21/06/2018 10:13AM			
SERUM MAGNESIUM	1.6	mg/dL	1.8 - 2.6

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC			
22/06/2018 08:10AM			
QUANTITY	25	ml	
SPECIFIC GRAVITY	1.020		1.000 - 1.030
COLOUR	DEEP YELLOW		
TRANSPARENCY	TURBID		
Urine Albumin	(++)		NIL
Reaction	ACIDIC		
Urine Sugar	NIL		
Epithelial Cell	OCCASIONAL	/HPF	NIL-OCCASIONAL
us Cells	OCCASIONAL	/HPF	NIL-OCCASIONAL
ed Blood Cell (RBC)	50-60		
ther	BACTERIA PRESENT		
morphous	URATES (+)		

HAEMATOLOGY

BC (COMPLETE BLOOD COUNTS)

Patient Name	: Mr.HARI RAM	**Inpatient no**	: 145190
Age/Gender	: 83 Male	**Admit Date**	: 19/06/2018
UHID	: 818544		

TESTCOMPONENT	RESULTVALUE	UNITS	NORMALVALUE
S.PROTEINS	5.61	gm/dl	6.6 - 8.3
S.ALBUMIN	3.02	gm/dl	3.5 - 5.2
S.GLOBULIN	2.59	gm/dl	2 - 3.5
A/G Ratio	1.17		1.6 - 2
S.SODIUM	138.8	mmol/l	136 - 146
S.POTASSIUM	3.9	mmol/l	3.5 - 5.1
23/06/2018 04:15AM			
S.UREA	45	mg/dl	17 - 43
S.CREATININE	1.0	mg/dl	0.81 - 1.44
SERUM URIC ACID	4.4	mg/dl	3.5 - 7.2
S.PROTEINS	5.87	gm/dl	6.6 - 8.3
S.ALBUMIN	3.16	gm/dl	3.5 - 5.2
S.GLOBULIN	2.71	gm/dl	2 - 3.5
A/G Ratio	1.17		1.6 - 2
S.SODIUM	145.5	mmol/l	136 - 146
S.POTASSIUM	3.8	mmol/l	3.5 - 5.1
24/06/2018 04:55AM			
S.UREA	51	mg/dl	17 - 43
S.CREATININE	0.92	mg/dl	0.81 - 1.44
SERUM URIC ACID	3.9	mg/dl	3.5 - 7.2
S.PROTEINS	5.62	gm/dl	6.6 - 8.3
S.ALBUMIN	2.91	gm/dl	3.5 - 5.2
S.GLOBULIN	2.71	gm/dl	2 - 3.5
A/G Ratio	1.07		1.6 - 2
S.SODIUM	148.2	mmol/l	136 - 146
S.POTASSIUM	3.4	mmol/l	3.5 - 5.1
25/06/2018 03:29AM			
S.UREA	51	mg/dl	17 - 43
S.CREATININE	0.91	mg/dl	0.81 - 1.44
SERUM URIC ACID	3.7	mg/dl	3.5 - 7.2
S.PROTEINS	5.65	gm/dl	6.6 - 8.3
S.ALBUMIN	2.85	gm/dl	3.5 - 5.2
S.GLOBULIN	2.80	gm/dl	2 - 3.5
A/G Ratio	1.02		1.6 - 2
S.SODIUM	148.7	mmol/l	136 - 146
S.POTASSIUM	3.9	mmol/l	3.5 - 5.1
26/06/2018 04:43AM			
S.UREA	49	mg/dl	17 - 43
S.CREATININE	0.78	mg/dl	0.81 - 1.44
SERUM URIC ACID	3.7	mg/dl	3.5 - 7.2
S.PROTEINS	5.46	gm/dl	6.6 - 8.3
S.ALBUMIN	2.84	gm/dl	3.5 - 5.2
S.GLOBULIN	2.62	gm/dl	2 - 3.5
A/G Ratio	1.08		1.6 - 2
S.SODIUM	144.4	mmol/l	136 - 146
S.POTASSIUM	3.1	mmol/l	3.5 - 5.1
LFT (PROFILES)			
22/06/2018 08:10AM			
S. BILIRUBIN TOTAL	0.78	mg/dL	0.3 - 1.2
S. BILIRUBIN CONJ	0.21	mg/dL	0 - 0.2
S.G.O.T	43	U/L	0 - 50

atient Name	: Mr.HARI RAM	Inpatient no	: 145190
ge/Gender	: 83 Male	Admit Date	: 19/06/2018
HID	: 818544		

ESTCOMPONENT	RESULTVALUE	UNITS	NORMALVALUE
YMPHOCYTES	15	%	20 - 45
MONOCYTES	03	%	02 - 10
EOSINOPHIL	02	%	01 - 04
PLATELET COUNT	215000	/cumm	150000 - 400000

HISTOPATHOLOGY

HISTOPATHOLOGY-MEDIUM SIZE TISSUE

21/06/2018 08:26PM

Histo No	757/18
SAMPLE TYPE	Small intestine
Gross Description	Segment of small intesti
Microscopic Examination.	Multiple sections from va
Diagnosis	Small intestinal segmen

MICROBIOLOGY

URINE CULTURE*

22/06/2018 08:10AM

SPECIMEN	URINE
CULTURE REPORT	Sterile after 48 hours of
REMARKS	(Final Report)

Pus cell nil /ul (pyuria >10 pus cells /ul (Haemocytometer)

Dr. MEGHA (DMC 45027)
Consultant Pathologist

Patient Name	: Mr.HARI RAM	Inpatient no	: 145190
Age/Gender	: 83 Male	Admit Date	: 19/06/2018
UHID	: 818544		

TESTCOMPONENT	RESULTVALUE	UNITS	NORMALVALUE
20/06/2018 11:12AM			
HAEMOGLOBIN	16.5	gm/dl	13 - 17
TLC	13700	cell/cumm	4000 - 10000
NEUTROPHILIS	85	%	40 - 75
LYMPHOCYTES	10	%	20 - 45
MONOCYTES	03	%	02 - 10
EOSINOPHIL	02	%	01 - 04
PLATELET COUNT	190000	/cumm	150000 - 400000
21/06/2018 10:13AM			
HAEMOGLOBIN	15.8	gm/dl	13 - 17
TLC	17860	cell/cumm	4000 - 10000
NEUTROPHILIS	88	%	40 - 75
LYMPHOCYTES	10	%	20 - 45
MONOCYTES	02	%	02 - 10
PLATELET COUNT	190000	/cumm	150000 - 400000
22/06/2018 05:07AM			
HAEMOGLOBIN	12.0	gm/dl	13 - 17
TLC	12240	cell/cumm	4000 - 10000
NEUTROPHILIS	92	%	40 - 75
LYMPHOCYTES	07	%	20 - 45
MONOCYTES	01	%	02 - 10
EOSINOPHIL	00	%	01 - 04
PLATELET COUNT	180000	/cumm	150000 - 400000
23/06/2018 04:15AM			
HAEMOGLOBIN	10.5	gm/dl	13 - 17
TLC	9290	cell/cumm	4000 - 10000
NEUTROPHILIS	85	%	40 - 75
LYMPHOCYTES	12	%	20 - 45
MONOCYTES	02	%	02 - 10
EOSINOPHIL	01	%	01 - 04
PLATELET COUNT	180000	/cumm	150000 - 400000
24/06/2018 04:55AM			
HAEMOGLOBIN	10.7	gm/dl	13 - 17
TLC	7400	cell/cumm	4000 - 10000
NEUTROPHILIS	79	%	40 - 75
LYMPHOCYTES	15	%	20 - 45
MONOCYTES	04	%	02 - 10
EOSINOPHIL	02	%	01 - 04
PLATELET COUNT	190000	/cumm	150000 - 400000
25/06/2018 03:29AM			
HAEMOGLOBIN	11.8	gm/dl	13 - 17
TLC	8950	cell/cumm	4000 - 10000
NEUTROPHILIS	80	%	40 - 75
LYMPHOCYTES	13	%	20 - 45
MONOCYTES	05	%	02 - 10
EOSINOPHIL	02	%	01 - 04
PLATELET COUNT	173000	/cumm	150000 - 400000
26/06/2018 04:43AM			
HAEMOGLOBIN	12.0	gm/dl	13 - 17
TLC	9540	cell/cumm	4000 - 10000
NEUTROPHILIS	80	%	40 - 75

Mata Chanan Devi Hospital
ISO 9001 : 2008 Certified
C-1, Janak Puri, New Delhi - 110058
Ph : 011- 45582000, Emergency: 011- 45582050,
Blood Bank: 011- 45582193

NABL ACCREDITED M-0375

Patient's Name: Hari Ram
UHID No: 873303 IPD.NO: 145190
Age / Sex: 83 yr/m DOA: 19/11/18
Room No: Bed .NO:
Consultant's Name:

NUTRITIONAL ASSESSMENT SCREENING FORM

Nutritional Assessment for each patient shall be carried out within 24 Hours of the patient being admitted
Encircle / Tick applicable

Diagnosis: B/L inguinal hernia
Height: 168 cms Weight: 71 Kgs BMI/MUAC: 25.1 kg/m² Edema : Yes / No
Religious Belief : No Onion / No Garlic / Veg
Medication
Is the patient on Acitrome / Zyloric : Yes / No
If 'Yes', Patient Education Regarding Food and Drug Interactions : Yes / No
Appetile : > 50% / 50 < 50% / Very Poor
Food Allergens (If any): Not Known
Diet prescriptions Instruction by Treating Consultant : Yes / No (Specify if any: NPO (for OS)
RT Feed / Liquid Diet / Clear Fluids / Semisolids / Soft Diet / Normal Diet/ Renal Diet / Diabetic Diet.
Special (Paediatrics) : A) High Protein / Low Protein B) Fluid Restriction C) Extra salt / low salt
D) .....

Evaluation Criteria : (Tick Applicable)

ADULT	PAEDIATRICS
➢ Weight Loss > 5 kg / month	➢ Malnutrition
➢ Difficulty in Chewing and Swallowing	➢ Unexplained Weight Loss
➢ Diabetes Mellitus	➢ Chylothorax
➢ Renal Failure	➢ Inborn Errors of Metabolism
➢ Hepatic Dysfunction	➢ Renal Failure
➢ Cardiac Disorder	➢ Hepatic Dysfunction
➢ Malnutrition / Cachexia	➢ Cardiac Disorder
➢ Diarrhoea and / or Vomiting	➢ Diarrhoea and / or Vomiting
➢ Multiple Birth and / or lactation	➢ New Onset Diabetes
➢ Peptic Ulcer Disease	➢ Obesity
➢ Diagnosed Cancer and Undergoing Treatment	➢ Diagnosed Cancer and Undergoing Treatment
➢ Enteral or parental Nutrition Support	➢ In Weaning Period
	➢ Admitted in the ICU / NICU
	➢ Enternal or parental Nutrition Support
	➢ Cardiac Failure

Any other Criteria: NO

Any other Criteria : NO

Nutritional Intervention Required: Yes / No

Signature : [illegible]

Date / Time 19/11/18 9:30 AM

Name :

REASSESSMENT OF NUTRITIONAL STATUS

Date	Change in Patient's diet (Yes/No)	Reason for diet change	Diet Recommended	Signature
22/6	no	—	N.P.O	Stu
23/6	no	—	N.P.O	Stu
25/6	yes	oral sips allowed		Stu
26/6	yes	Started with liquid diet as in clinical condition.	Liquid diet	Stu
27/6 g'n	yes	patient accepting well liquid then planned soft diet as in clinical condition.	Soft diet	Stu
28/6 T.wa	No	—	Soft diet	Stu
29/6 mon	No	—	S/F Diet	[illegible]

MATA CHANAN DEVI HOSPITAL

NABL ACCREDITED M-0375

Patient Hand Over Form (Nursing)

Pt. Name .....

Age/Sex .....

CR NO. : 818544 IP NO. : 145190 Date .....
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : D133 -02 SEMI PRIVATE WARD MALE FIRST FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY Dr (25439)

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	unstable	unstable	unstable
Chief abnormalities:	—	—	—

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	HERNIA	Hernia	HERNIA
Medical History	—	—	—
Treatment Changes	—	—	—

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 82 BP 120/60 Temp (N)	Pulse 80/1 BP 120/80 Temp (N)	Pulse 80 BP 110/80 Temp 98.6
RR 22 O2 Sat 98 Pain —	RR 20 O2 Sat 98-99 Pain —	RR 20 O2 Sat 98.6 Pain —
GCS Score 4,5,6	GCS Score 4-5-6	GCS Score 4,5,6
Braden Score —	Braden Score 15-16	Braden Score —
IV Site / Central line (+)	IV Site Central line —	IV Site Central line (+)
Drain Site —	Drain Site —	Drain Site
Foley's Cath. Site	Foley's Cath. Site —	Foley's Cath. Site
Venti/BIPAP	Venti/BIPAP —	Venti/BIPAP
DVT	DVT —	DVT
I/O Charting	I/O Charting —	I/O Charting Adequate
Diet	Diet S.D	Diet S.D
Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color
RBS Charting	RBS Charting N/A	RBS Charting —
Others	Others —	Others

Investigations:	Investigations:	Investigations:
Done.....	Done..... nil	Done.....
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:** nil	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending..... nil	Pending.....

RECOMMENDATIONS/IMPORTANT ORDERS

		CST

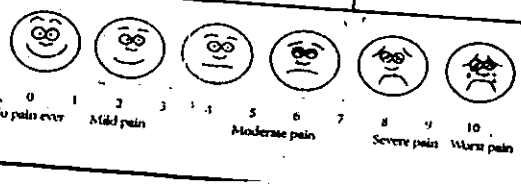
HAND OVER

Given by:	Given by:	Given by:
Name.....	Name..... Jyoti	Name.....
Sign.....	Sign..... Jyoti	Sign.....
Taken By : Jyoti	Taken By :	Taken By :
Name..... Jyoti	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale **Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts**

	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

Patient Hand Over Form (Nursing)

NABL ACCREDITED M-0375

Pt. Name: HARI RAM IP NO/UHID: 145190 Date: 29/6

Age/Sex: 83yrs Ward/Room No.: Rpt Unit/Dr.: USR-II

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Stable		
Chief abnormalities:			

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	Inguinal Hernia		
Medical History			
Treatment Changes	OST		

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 82 BP 110/70 Temp NIL	Pulse ..... BP ..... Temp	Pulse ..... BP ..... Temp .....
RR 18 O2 Sat 99 Pain NIL	RR ..... O2 Sat ..... Pain	RR ..... O2 Sat ..... Pain .....
GCS Score 4 5 6	GCS Score	GCS Score .....
Braden Score 13-15	Braden Score	Braden Score .....
IV Site / Central line Healthy	IV Site Central line	IV Site Central line .....
Drain Site	Drain Site	Drain Site .....
Foley's Cath. Site	Foley's Cath. Site	Foley's Cath. Site .....
Venti/BIPAP NIL	Venti/BIPAP	Venti/BIPAP .....
DVT	DVT	DVT .....
I/O Charting	I/O Charting	I/O Charting .....
Diet C-D	Diet	Diet .....
Stool Pass ☑ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color .....
RBS Charting NIL	RBS Charting	RBS Charting .....
Others	Others	Others .....

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....

RECOMMENDATIONS/IMPORTANT ORDERS

Discharged		

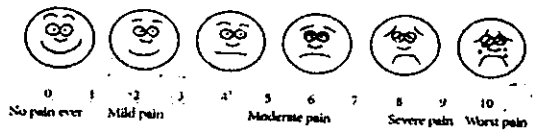
HAND OVER

Given by:	Given by:	Given by:
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....
Taken By :	Taken By :	Taken By :
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale **Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts**

	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

Patient Hand Over Form (Nursing)

NABL ACCREDITED M-0375

Pt. Name: HARI RAM IP NO/UHID: 145190 Date: 28/6

Age/Sex: 83 y M Ward/Room No.: 133 D Unit/Dr.: GSR-II

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Stable	stable	stable
Chief abnormalities:			

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	B/L Inguinal Hernia	BL Inguinal Hernia	
Medical History	Nil	Nil	—
Treatment Changes	CST	CST	—

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 80 BP 110/70 Temp. Nil	Pulse 80 BP 110/70 Temp. (N)	Pulse 80 BP 110/70 Temp. (N)
RR 18 O2 Sat 99 Pain Nil	RR 18 O2 Sat 99 Pain (Nil)	RR 18 O2 Sat 99 Pain —
GCS Score 4,5,6	GCS Score 456	GCS Score 4,5,6
Braden Score 13,15	Braden Score 13,15	Braden Score —
IV Site / Central line Healthy	IV Site Central line Healthy	IV Site Central line (0)
Drain Site	Drain Site	Drain Site
Foley's Cath. Site Nil	Foley's Cath. Site	Foley's Cath. Site
Venti/BIPAP	Venti/BIPAP	Venti/BIPAP
DVT	DVT	DVT
I/O Charting	I/O Charting	I/O Charting
Diet S-D	Diet S-D	Diet S.D
Stool Pass ☑ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color
RBS Charting Nil	RBS Charting Nil	RBS Charting Nil
Others Nil	Others Nil	Others Nil

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....

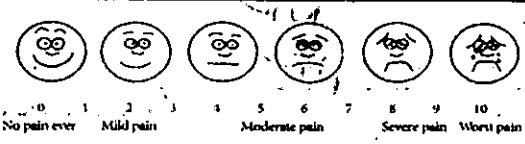
RECOMMENDATIONS/IMPORTANT ORDERS

HAND OVER

Given by:	Given by:	Given by:
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....
Taken By :	Taken By :	Taken By :
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands-

Pain Score :



MATA CHANAN DEVI HOSPITAL

Patient Hand Over Form (Nursing)

NABL ACCREDITED M-0375

Pt. Name: Hari Ram IP NO/UHID: Date:

Age/Sex: Ward/Room No: Unit/Dr:

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Stable	Stable	Stable
Chief abnormalities:		Hernia	Hernia

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	Hernia	Hernia	Hernia
Medical History	Nil	NIL	NIL
Treatment Changes	Nil	NIL	NIL

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 80 BP 110/70 Temp 98	Pulse 80 BP 110/60 Temp 100	Pulse 86 BP 110/80 Temp 98.6
RR 20 O2 Sat 98 Pain 0/10	RR 20 O2 Sat 98 Pain 0/10	RR 20 O2 Sat 99 Pain 0/10
GCS Score 15	GCS Score 15	GCS Score
Braden Score 15	Braden Score 19	Braden Score 15
IV Site / Central line Healthy	IV Site Central line Healthy	IV Site Central line Healthy
Drain Site	Drain Site —	Drain Site
Foley's Cath. Site	Foley's Cath. Site —	Foley's Cath. Site
Venti/BIPAP	Venti/BIPAP —	Venti/BIPAP
DVT	DVT —	DVT
I/O Charting	I/O Charting —	I/O Charting
Diet S/D	Diet S/D	Diet S/D
Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color
RBS Charting	RBS Charting —	RBS Charting
Others	Others —	Others

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....

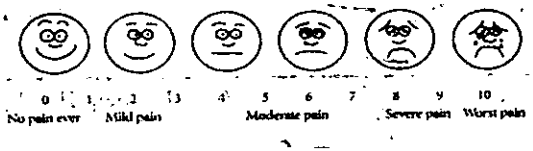
RECOMMENDATIONS/IMPORTANT ORDERS

HAND OVER

Given by:	Given by:	Given by:
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....
Taken By :	Taken By :	Taken By :
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

NABL ACCREDITED M-0375

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
inel : RAKSHA TPA gipsa
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE

ursing)

Pt. Name.....

Date 26/6

Age/Sex.....

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Unstable	Stable	Stable
Chief abnormalities:	Weakness	Weakness	weakness

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	B/L Inguinal Hernia	NIL	Nil
Medical History	HTN	HTN	HTN
Treatment Changes	N/2 @ 10 mg/hr Stop DNS / RL	NIL	Nil

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 76 BP 120/80 Temp N	Pulse 70 BP 120/80 Temp O	Pulse 78 BP 120/80 Temp N
RR 20 O2 Sat 98 Pain O	RR 16 O2 Sat 99 Pain O	RR 20 O2 Sat 98 Pain O
GCS Score 4,5,5	GCS Score 4,5,5	GCS Score 4,5,6
Braden Score —	Braden Score —	Braden Score
IV Site / Central line Healthy/Patent	IV Site Central line Healthy	IV Site Central line Healthy
Drain Site + @ & R	Drain Site +	Drain Site
Foley's Cath. Site + Day 7	Foley's Cath. Site +	Foley's Cath. Site —
Venti/BIPAP O2 support	Venti/BIPAP —	Venti/BIPAP O2 support
DVT N/A	DVT —	DVT
I/O Charting Done	I/O Charting Done	I/O Charting
Diet Soft diet	Diet NB	Diet
Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color
RBS Charting OD	RBS Charting OD	RBS Charting
Others	Others	Others

Investigations:	Investigations:	Investigations:
Done: Serum electrolyte	Done:	Done:
Pending: KM a	Pending:	Pending:
Referrals:	**Referrals:** N/L	**Referrals:** Nil
Done: —	Done:	Done:
Pending:	Pending:	Pending:

RECOMMENDATIONS/IMPORTANT ORDERS

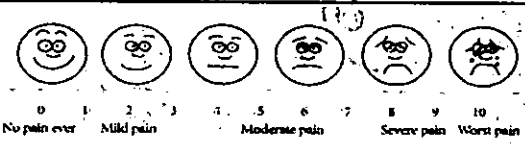
All med. to be dissolved in N/2	C STT	

HAND OVER

Given by:	Given by:	Given by:
Name:	Name:	Name:
Sign:	Sign:	Sign:
Taken By:	Taken By:	Taken By:
Name:	Name:	Name:
Sign:	Sign:	Sign:

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

NABL ACCREDITED M-0375

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

ng)

Pt. Name..... Date 25/6/18

Age/Sex.....

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	unstable	unstable	unstable
Chief abnormalities:			

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	ingual hernia	DLC bowel	[illegible]
Medical History	—		—
Treatment Changes	—		—

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 86 BP 130/70 Temp 98.6	Pulse 82 BP 130/80 Temp [illegible]	Pulse ..... BP 140/[illegible] Temp [illegible]
RR 20 O2 Sat 98 Pain 20	RR 16 O2 Sat 97 Pain [illegible]	RR 18 O2 Sat 94 Pain 1
GCS Score 454	GCS Score 454	GCS Score 454
Braden Score No bed sores	Braden Score —	Braden Score —
IV Site / Central line healthy 20G IV	IV Site Central line healthy	IV Site Central line healthy
Drain Site (+)	Drain Site (+)	Drain Site (+)
Foley's Cath. Site (+) Day 6	Foley's Cath. Site (+)	Foley's Cath. Site (+)
Venti/BIPAP (−)	Venti/BIPAP —	Venti/BIPAP O2 support
DVT (−)	DVT —	DVT —
I/O Charting done	I/O Charting done	I/O Charting done
Diet NPO	Diet L D	Diet L D
Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☑ Color	Stool Pass ☐ Not Pass ☑ Color .....
RBS Charting 0	RBS Charting [illegible]	RBS Charting done
Others (−)	Others	Others [illegible]

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....

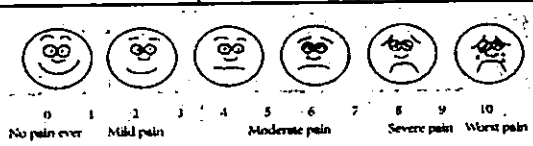
RECOMMENDATIONS/IMPORTANT ORDERS

HAND OVER

Given by:	Given by:	Given by:
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....
Taken By :	Taken By :	Taken By :
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

Patient Hand Over Form (Nursing)

NABL ACCREDITED M-0375

Pt. Name: Hari Ram IP NO/UHID: 145190 Date: 29/6/18

Age/Sex: 83/M Ward/Room No.: ICCU Unit/Dr.: G.S.R - 2nd

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Unstable	Sick.	Sick
Chief abnormalities:	weakness	Anxiety, weakness.	Discomfort.

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	B/L inguinal hernia		B/L
Medical History	H/O HTN	H/O HTN.	H/O HTN
Treatment Changes			

ASSESSMENT: Clinical Examination

Morning	Evening	Night
Pulse 85 BP 130/80 Temp 98.2	Pulse 84 BP 130/80 Temp 98.6	Pulse 80 BP 130/80 Temp 98.6
RR 21 O2 Sat 91 Pain 0	RR 22 O2 Sat 96 Pain 0	RR 22 O2 Sat 96 Pain 0
GCS Score 4,5,6	GCS Score 4,5,6	GCS Score 4,5,6
Braden Score –	Braden Score –	Braden Score –
IV Site / Central line (+) clean	IV Site Central line (+)	IV Site Central line (+)
Drain Site –	Drain Site (+)	Drain Site –
Foley's Cath. Site (+) clean	Foley's Cath. Site (+)	Foley's Cath. Site (+)
Venti/BIPAP –	Venti/BIPAP –	Venti/BIPAP –
DVT –	DVT –	DVT –
I/O Charting done	I/O Charting done	I/O Charting done
Diet NPO	Diet NPO	Diet NPO
Stool Pass ☐ Not Pass ☑ Color	Stool Pass ☐ Not Pass ☑ Color	Stool Pass ☐ Not Pass ☑ Color
RBS Charting done	RBS Charting OD	RBS Charting OD
Others –	Others NIL	Others NIL

Investigations:	Investigations:	Investigations:
Done: —	Done: NIL	Done: NIL
Pending:	Pending: NIL	Pending: NIL
Referrals: —	**Referrals:**	**Referrals:**
Done:	Done: NIL	Done: NIL
Pending:	Pending: NIL	Pending: NIL

RECOMMENDATIONS/IMPORTANT ORDERS

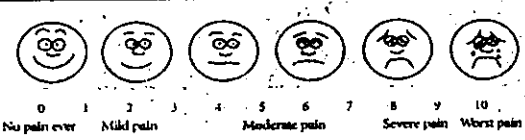
	W/ If Vitals	
	W/ If Pain	

HAND OVER

Given by:	Given by:	Given by:
Name: Gm	Name:	Name: Megha
Sign:	Sign:	Sign: Megha
Taken By:	Taken By:	Taken By:
Name:	Name: Megha	Name: Pushpa
Sign:	Sign: Megha	Sign:

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

Patient Hand Over Form (Nursing)

NABL ACCREDITED M-0375

Pt. Name: Hari Ram IP NO/UHID: M5190 Date: 23/6/18

Age/Sex: 83/m Ward/Room No.: Pcau Unit/Dr.: Bed-2

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	stable	Unstable	Unstable
Chief abnormalities:	Drains (+), discomfort.	Drains (+). discomfort	

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	B/L Inguinal hernia Exploratomy laprotomy + Resection done		
Medical History	H/O HTN.	H/O HTN	
Treatment Changes	CST	CST	

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 98 BP 110/80 Temp 98.4	Pulse 99 BP 130/80 Temp 98.2	Pulse 84 BP 130/70 Temp 98.6
RR 21 O2 Sat 96 Pain –	RR 18 O2 Sat 90 Pain 0	RR 16 O2 Sat 92 Pain 0
GCS Score 14 3 1	GCS Score 355	GCS Score 355
Braden Score –	Braden Score –	Braden Score –
IV Site / Central line (+) Healthy	IV Site Central line (+) Clean	IV Site Central line (+) & Clean
Drain Site (+) Rt + Lt	Drain Site (+) Rt Lt	Drain Site
Foley's Cath. Site (+) clean	Foley's Cath. Site (+) Clean	Foley's Cath. Site (+)
Venti/BIPAP –	Venti/BIPAP –	Venti/BIPAP –
DVT –	DVT –	DVT done –
I/O Charting done hourly	I/O Charting done hourly	I/O Charting done
Diet sips of water	Diet sips of water	Diet sips of water
Stool Pass ☐ Not Pass ☑ Color	Stool Pass ☐ Not Pass ☑ Color	Stool Pass ☐ Not Pass ☐ Color
RBS Charting OD	RBS Charting OD	RBS Charting done
Others –	Others –	Others –

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....

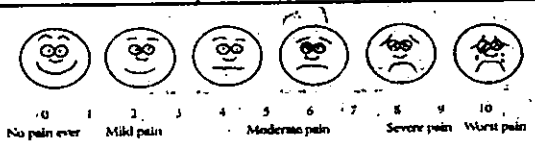
RECOMMENDATIONS/IMPORTANT ORDERS

HAND OVER

Given by:	Given by:	Given by:
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....
Taken By:	Taken By:	Taken By
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

NABL ACCREDITED M-0375

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Pt. Name..... Date 22/6

Age/Sex.....

CURRENT SITUATI

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Sick	Sick	Unstable
Chief abnormalities:	weakness	weakness	—

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	H/L Inguinal Hernia	B/L Inguinal Hernia	—
Medical History		HTN / BPH	—
Treatment Changes		(2) FFB gins	—

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 107 BP 110/80 Temp 98.2	Pulse 103 BP 110/80 Temp 98.6	Pulse 116 BP 110/70 Temp 98.4
RR 22 O2 Sat 98 Pain (1)	RR 20 O2 Sat 98 Pain 2	RR 18 O2 Sat 94 Pain 2
GCS Score 4,5,6	GCS Score 4,5,6	GCS Score 4,5,6
Braden Score 14-15	Braden Score 14-15	Braden Score —
IV Site / Central line +	IV Site Central line (+)	IV Site Central line (+)
Drain Site Both side	Drain Site Both side	Drain Site Both side
Foley's Cath. Site 16 +	Foley's Cath. Site 16 (+)	Foley's Cath. Site 16 (+)
Venti/BIPAP O2 support	Venti/BIPAP O2 support	Venti/BIPAP O2 support
DVT	DVT	DVT —
I/O Charting done	I/O Charting done	I/O Charting done
Diet NPO	Diet N.P.O	Diet NPO
Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☐ Color
RBS Charting O.D	RBS Charting O.D	RBS Charting O.D
Others	Others —	Others

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....Hb TLC, DLC KPT
Pending.....	Pending.....	Pending.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
Pending.....	Pending.....	Pending.....

RECOMMENDATIONS/IMPORTANT ORDERS

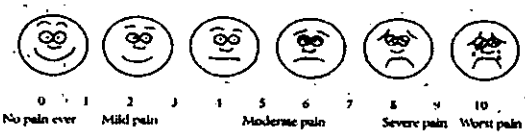
	RL/DNS @ 100 ml/hourly	

HAND OVER

Given by:	Given by:	Given by:
Name.....Chaen	Name.....	Name.....
Sign.....Chaz	Sign.....	Sign.....
Taken By :	Taken By :	Taken By :
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score : 2



MATA CHANAN DEVI HOSPITAL

NABH

NABL ACCREDITED M-0375

INO. : 818544 IP NO. : 145190
: Mr./HARI RAM/83/Yrs/MALE
: RAKSHA TPA
: G 30-11 ICCU WARD GROUND FLOOR
: 19/06/2018 7.39 AM PRIVATE

Pt. Name..... Date..... 21/6

Age/Sex..... Ward/Room No.....

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Sick	Sick	Sick
Chief abnormalities:	pain	pain	Pain

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	B/L inguinal Hernia	B/L inguinal Hernia	B/L inguinal Hernia
Medical History	HTN	BPH	HTN, BPH
Treatment Changes	NEBQ c duolinc	Stent	Nebs c duolin & budecort. Stat.

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 76 BP 140/90 Temp N	Pulse 78 BP 150/90 Temp N	Pulse 76 BP 140/80 Temp (N)
RR 20 O2 Sat 96 Pain 2	RR 20 O2 Sat 96 Pain 2	RR 20 O2 Sat 96 Pain 2/10
GCS Score 4 5 5	GCS Score 4 5 6	GCS Score 4,5,5
Braden Score	Braden Score 15	Braden Score —
IV Site / Central line Healthy	IV Site Central line Healthy	IV Site Central line Healthy
Drain Site +	Drain Site +	Drain Site (+)
Foley's Cath. Site +	Foley's Cath. Site +	Foley's Cath. Site (+)
Venti/BIPAP —	Venti/BIPAP —	Venti/BIPAP —
DVT —	DVT —	DVT —
I/O Charting Done	I/O Charting done	I/O Charting Done
Diet NPO	Diet NPO	Diet NPO
Stool Pass ☐ Not Pass ☑ Color	Stool Pass ☑ Not Pass ☐ Color	Stool Pass ☐ Not Pass ☑ Color
RBS Charting OD	RBS Charting OD	RBS Charting OD
Others	Others	Others

Investigations:	Investigations:	Investigations:
Done.....	Done.....	Done.....
.....	.....	.....
Pending.....	Pending.....	Pending.....
.....	.....	.....
Referrals:	**Referrals:**	**Referrals:**
Done.....	Done.....	Done.....
.....	.....	.....
Pending.....	Pending.....	Pending.....
.....	.....	.....

RECOMMENDATIONS/IMPORTANT ORDERS

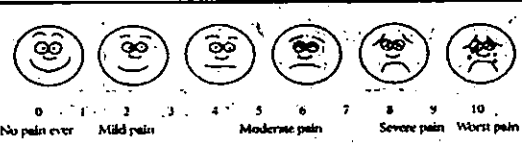
		W/F vitals & O FFP transfused

HAND OVER

Given by:	Given by:	Given by:
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....
Taken By :	Taken By :	Taken By :
Name.....	Name.....	Name.....
Sign.....	Sign.....	Sign.....

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL

Patient Hand Over Form (Nursing)

NABL ACCREDITED M-0375

Pt. Name: ML Hari Ram IP NO/UHID: 145190 Date: 19/6/18

Age/Sex: 83 / M Ward/Room No: NU Unit/Dr: GSR - 2

CURRENT SITUATION

Parameters	Morning	Evening	Night
Whether Patient is stable or unstable	Stable	Stable	Stable
Chief abnormalities:	Inguinal Hernia	Hernia	Hernia

BACKGROUND

Parameters	Morning	Evening	Night
Admission Diagnosis	Inguinal Hernia	Inguinal Hernia	Hernia
Medical History	–		
Treatment Changes	–		

ASSESSMENT: - Clinical Examination

Morning	Evening	Night
Pulse 90 BP 120/80 Temp 98F	Pulse 88 BP 110/80 Temp 98F	Pulse 80 BP 120/70 Temp 98F
RR 16 O2 Sat 96 Pain	RR 20 O2 Sat 98 Pain 0	RR 22 O2 Sat 99 Pain 0
GCS Score 4 5 6	GCS Score 4 5 6	GCS Score 4 5 6
Braden Score 23	Braden Score 23	Braden Score 15
IV Site / Central line (+)	IV Site Central line +	IV Site Central line Healthy
Drain Site NIL	Drain Site NIL	Drain Site NIL
Foley's Cath. Site NIL	Foley's Cath. Site NIL	Foley's Cath. Site —
Venti/BIPAP NIL	Venti/BIPAP NIL	Venti/BIPAP —
DVT NIL	DVT NIL	DVT —
I/O Charting NIL	I/O Charting NIL	I/O Charting —
Diet NPO	Diet NPO	Diet NPO
Stool Pass ☐ Not Pass ☐ Color	Stool Pass ☑ Not Pass ☐ Color	Stool Pass ☑ Not Pass ☐ Color
RBS Charting	RBS Charting OD	RBS Charting OD
Others NIL	Others	Others

Investigations:	Investigations:	Investigations:
Done: NIL	Done:	Done:
Pending:	Pending:	Pending:
Referrals:	**Referrals:**	**Referrals:**
Done: Nil	Done:	Done:
Pending:	Pending:	Pending:

RECOMMENDATIONS/IMPORTANT ORDERS

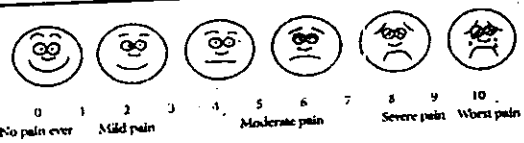
Patient OT today		

HAND OVER

Given by:	Given by:	Given by:
Name:	Name: Suman	Name:
Sign:	Sign:	Sign:
Taken By:	Taken By:	Taken By:
Name:	Name:	Name:
Sign:	Sign:	Sign:

Glasgow Coma Scale	Minor Brain Injury13-15 Points, Moderate: 9-12 pts,Severe Brain Injury: 3-8 pts					
	1	2	3	4	5	6
Eye	Does not open eyes	Opens eyes in response to painful stimuli	Opens eyes in response to voice	Opens eyes spontaneously	N/A	N/A
Verbal	Makes no sounds	Incomprehensible sounds	Utters incoherent words	Confused, disoriented	Oriented, converses normally	N/A
Motor	Makes no movements	Extension to painful stimuli (decerebrate response)	Abnormal flexion to painful stimuli (decorticate response)	Flexion / Withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands

Pain Score :



MATA CHANAN DEVI HOSPITAL
NURSING CARE PLAN

Patient Name : ..... UHID No. ..... IP No.. .....

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign
27/6/18 (E)	C/o headache	R/t altered cerebral condition	- Assess the pt condition - vitals checked & recorded - medicine given	observation	Rajyalakshmi
(N)	Anxiety	Anxiety related to disease condition	- assess the condition of the pt - provide psychological support to the pt	—	Rajyalakshmi
28/6/18 (M)	Assess the pt		To assess the general condition of the pt Vitals are checked & recorded All due medicines are given		
(E)	C/o headache	R/t altered cerebral condition	- Assess the pt condition - vitals checked & recorded - medicine given as prescribed	observation	Rajyalakshmi
(N)	Anxiety	Anxiety related to disease condition	- assess the condition of the pt - provide psychological support to the pt	—	Rajyalakshmi

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign

MATA CHANAN DEVI HOSPITAL

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI R 3/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
Pat dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198).Dr.SHALIT JOLLY DMC (25439)

EVI HOSPITAL
E PLAN

IP No.. .....

Date / Time	Nur		ention / Planned care	Evaluation	Name/Emp. ID/ Sign
26/6/18 (M)	Pt is anxious & doubtful	Anxiety related to environment & reports	- Assess G.C of the pt - Assess vital signs - Psychological support given - Education (knowledge given related to condition) - Calm environment provided	Anxiety relieved to some extent	Chara 3/10
(E)	C/O weakness	Attributed condition	- Vitals checked & Medical medicine given as prescribed	Observing	Regina
(N)	C/O Anxiety	Anxiety related to diverse condition.	- Assess the pt condition status checked and Recorded. - Advised moderate pneumonic control	Inquiring answers Patient asking	Shama
26/6 (M)	pt c/o hypo natremia Dizziness	Electrolytes imbalance related to hyponatremia	→ Assess the condn of pt. → Provided high fat diet → Provided T. Natrix	Normal balance of sodium maintained	[illegible]

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign

MATA CHANAN DEVI HOSPITAL

R NO. : 818544
lame : Mr./HARI RAM
anel : RAKSHA TPA
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
Init/Cons : GSR-2
dmitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

IP NO. : 145190
rs/MALE

DEVI HOSPITAL
RE PLAN

IP No.. .....

Date / Time	Nursing Assessment	Nursing Dx	ervention / Planned care	Evaluation	Name/Emp. ID/ Sign
(M) 25/6/18	pt is having pain as manifested by pt said I am having pain	Acute pain r/t incision	→ Assess the level of pain of the pt → Assess the incision site for any signs of infection → Tramadol 1 amp IV given to the pt. → Diversional therapy done.	level of pain reduced	Ashu 3 pm
(E)	pt having nutritional imbalance	Nutritional imbalance related to poor intake of food.	by Assess the nutritional status of the pt by provided liquid diet hourly by Encouraged patient to intake of food	Nutritional imbalance status improved to some extent	Neha 5 pm
(N)	pt having pain in abdomen	Pain related to [illegible]	→ assess the pain scale → [illegible] → adm. analgesic given	relief from pain	Shuty 2653

Name : Mr./HARI RAM/83/Yrs/MALE
Pan : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned c		

ne : Mr./HARI RAM/83/Yrs/MALE
el : RAKSHA TPA gipsa
om/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
mitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

CHANAN DEVI HOSPITAL

NURSING CARE PLAN

UHID No. ..... IP No. .....

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign
23/6/18 (10)	Patient having altered dis-comfort level related to pain and multiple drainage.	Altered comfort level.	- Assessed the G.C of pt. - vitals checked and recorded. - provide comfortable position. - Inj. Tramadol given as advised by doctor. - All drainage tubings are properly planned.	To maintain comfort level.	Elma 3178
(2).	Pt have Chs of self care deficit.	Self care deficit r/d to disease condition	→ Assess the level of pt's self care. → Provide pt's needs. → Assess the vitals → ~~Provide medication as~~ ordered. → Provide assistance	To reduce the pt's level of self care deficit.	3179.
(N)	Pt having Self Care deficit	Self Care deficit Related to disease Condition.	* Assess the patient condition.. * Propped-up position. * Maintain personal hygiene * help in daily need Care		

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign
24/6/18 (N)	Pt have C/o weakness.	weakness Std disease condition	→ Assess the pt's general condition. → Assess the vitals → Provide pt's needs. → Provide personal hygiene → Provide adequate rest and sleep.	Decreased the level of weakness to some extend	Anjali 3477
24/6/18 (E) 4pm.	Patient having Anxiety.	Anxiety due to cerebrodisease condition	→ Assessed general condition → Assessed Anxiety → Counselled done → Diversional therapy given	Anxiety of the patient has been reduced	Nyo 3283.
24/6/18 (N)	Patient having Anxiety	Anxiety due to disease condition.	→ Assess the condition of the pt - Vital checked and Recorded - IV fluid is on flow - All medicine given as per doctor order	Pt is Stable	Sushma 3453.

MATA CHANAN DEVI H...

R NO. : 818544 IP NO. : 15190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

AN DEVI HOSPITAL

ING CARE PLAN

UHID No. ..... IP No.. .....

Date			Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign
22/6/18 (M)	Pt have weakness	weakness Rd to disease condition	→ Assess the level of pts weakness. → Provide pts needs. → Provide adequate rest and sleep. → Assess the vitals	To reduce the level of weakness to some extent.	Angela 3779
22/6/18 (E)	Patient is having Self Care deficit	Self Care deficit related to Colostomy	• Assess the Patient Condition. • vitals are checked and recorded • Assist the patient while sitting, getting, etc.. help the patient to do daily living activity.	Improving	[illegible]
(N)	Pt having pain	Pain related to surgery site	✓ Assess the Patient Condition.. ✓ Propped-up Position ✓ Provide Comfortable & Calm Environment ✓ Provide Psychological Support		[illegible] 22/6

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign

MANAN DEVI HOSPITAL

NURSING CARE PLAN

CR NO.	: 818544	IP NO.	: 145190
Name	: Mr./HARI RAM/83/Yrs/MALE		
Panel	: RAKSHA TPA		
Room/Ward	: S243 -01 PRIVATE WARD SECOND FLOOR		
DOA/TOA	: 19/06/2018 7.39 AM	PRIVATE	
Unit/Cons	: GSR-2		
Admiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DN (25439)		

..... UHID No. ..... IP No.. .....

			Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign
19/6/18	Pt having Anxiety	Anxiety d/t hospitalization	— G.C of Pt is Assessed — Psychological support given to Pt.	—	Sadhya 3509.
(N)	Patient having fear.	fear and anxiety r/d to disease condition	• Vitals checked & recorded • Provide cool and Calm environment. • Provide Comfortable position.		
20/6/18 (M)	Pain	Pain R/T Surgery	• VS are checked & recorded • Provide comfortable position • Assess the pt condition		
(N)	Patient having fear.	fear and anxiety r/d to disease condition	• Vitals checked & recorded • Educate the pt. about disease • Provide cool and Calm environment		

MATA CHANAN DEVI HOSPITAL

NURSING CARE PLAN

Patient Name : ..... UHID No. ..... IP No.. .....

Date / Time	Nursing Assessment	Nursing Diagnosis	Intervention / Planned care	Evaluation	Name/Emp. ID/ Sign
(E)	Pain	Pain RT to Surgery.	- Assess the general condition of the pt.		3123
			• Provide all comforts to the pt.		
			- Give analgesic to the pt.		
21/6/18 (M)	Pain	Pain RT to Surgery.	• Assess the general condition of the pt.		3123
			- Provide all comforts to the pt.		
			- Give analgesic to the pt.		
(E)	Anxiety	Anxiety due to Cancer Condition	↳ All due medication given		
			↳ provide safe position		
			↳ Provide Psychological support		
			↳ Provide vital sign checked & recorded		
N)	Pt is having pain as reported by pt & face & screaming.	Pain RT surgery	- Assess G.C of the pt	Pain reduced to some extent	Chan 3107
			- Assess vitals signs		
			- Medication (analgesic given		
			- Comfortable position given.		

MATA CHANAN DEVI HOSPITAL
FALL RISK ASSESSMENT & INTERVENTION PLAN

Patient Name: Hari Ram IP: 145190 UHID: 818544

Re-assess Patient : Daily | After operation/Procedure | Upon Transfer | Change in Condition

FALL RISK SCORE

		Circle only one number in each criteria						
	MODIFIED MORSE SCALE	Date	19/6/18					
	CRITERIA	Time	9 AM					
1.	History of falling (include current admission & last 12 months)	No	0	0	0	0	0	0
		Yes	25	25	25	25	25	25
2.	Secondary diagnosis(e.g·Hypertension,Parkinson,Neuropathy etc) : 2 or more risk medications (e.g PCA/Opiates, anti- convulsant, anti-hypertensive,diuretics,hypnotics,laxatives, sedatives, anti-depressant, insulin/oral hypoglycemics & psycotropics)	No	0	0	0	0	0	0
		Yes	15	15	15	15	15	15
3.	Reviews: Intravenous Therapy/Heparin/Normal Saline Lock (IV Access)	No	0	0	0	0	0	0
		Yes	20	20	20	20	20	20
4.	Uses Ambulatory aid : None/Bed rest	No	0	0	0	0	0	0
	Crutch/Quad Cane/Walking Frame/Nurse assist/Walking Aid	Yes	15	15	15	15	15	15
	Holds on to Furniture	Yes	30	30	30	30	30	30
5.	Gait is : Normal	Yes	0	0	0	0	0	0
	Gait is: Weak/Bed Rest/Wheelchair(need assistance)	Yes	10	10	10	10	10	10
	Gait is : Impaired	Yes	20	20	20	20	20	20
6.	Mental Status : Oriented to own ability	Yes	0	0	0	0	0	0
	Mental Status : Over Estimates / Forget limitations (including Post - Operation / Sedation & Medication that might cause drowsiness)	Yes	15	15	15	15	15	15
	Total Score		10					
	Done by (Name):		Suman					
	Sign:							
	Low Risk(LR) 0-24, Medium Risk 25-44 , High Risk(HR) 45 & above							

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : D133 -02 SEMI PRIVATE WARD MALE FIRST FLOOR
DOA/TOA : 19/06/2018 7:39 AM PRIVATE

HOSPITAL
RVENTION PLAN

Patient n .....UHID.....

rom step 1 to 7

Sr. No.	CARE PLAN	Tick appropriate intervention or NA for Not applicable						
		Date						
		Time 19/6/18	20/6	21/6	22/6	23/6	24/6	25/
1	Ensure Call bell is in working condition, instruct patient on usage & place it within reach	✓	✓	✓	✓	✓	✓	✓
2	Educate Patient/Family on fall risk & advise to call for assistance	✓	✓	✓	✓	✓	✓	✓
3	Place bed in lowest position with brakes locked (not applicable to cot)	✓	✓	✓	✓	✓	✓	✓
4	Ensure upper side rails are raised at all times	✓	✓	✓	✓	✓	✓	✓
5	Advise Patient on Postural hypotension	✓	✓	✓	✓	✓	✓	✓
6	Advise on effects of medication/sedation/ anaesthesia as appropriate	✓	✓	✓	✓	✓	✓	✓
7	**Non-compliance to fall risk Precautions:** Document in Nursing care plan	✓	✓	✓	✓	✓	✓	✓
	Medium Risk(MR) from Steps 1 to 10							
8	Place Fall Risk Signage & educate Patient /Family	✓	✓	✓	✓	✓	✓	✓
9	Assist patient with transfer/ambulation	✓	✓	✓	✓	✓	✓	✓
10	Ensure patient has Red wrist Tag(Vulnerable pt)							
	High Risk (HR) from Steps 1 to 15							
11	Assist patient in all daily activities. Remains with patient while Toileting	✓	✓	✓	✓	✓	✓	✓
12	Ensure all side rails are raised. Indicate R If refused	✓	✓	✓	✓	✓	✓	✓
13	Encourage sit in companion & advise to inform nurse if he/she is leaving the room	✓	✓	✓	✓	✓	✓	✓
14	Conduct 2 hourly Nursing rounds (4P'S : Potting, Positioning, Proximity of possession, Pain)	✓	✓	✓	✓	✓	✓	✓
15	Apply Physical restrainers if necessary (if restrained is used, restraint consent & monitoring chart is instituted)	✓	✓	✓	✓	✓	✓	✓
	Nursing staff sign	Suman	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Name	Suman	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

MATA CHANAN DEVI HOSPITAL

FALL RISK ASSESSMENT & INTERVENTION PLAN

R NO. : 818544 IP NO. : 145190
me: Mr./HARI RAM/83/Yrs/MALE
pel : RAKSHA TPA
om/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
mitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name.....

Re-assess Patie

FALL RISK SCORE

		Circle only one number in each criteria						
	MODIFIED MORSE SCALE	Date	21/6	22/6	23/6	24/6	25/6	26/6
	CRITERIA	Time						
1.	History of falling (include current admission & last 12 months)	No	0	0	0	0	0	0
		Yes	25	25	25	25	25	25
2.	Secondary diagnosis(e.g Hypertension,Parkinson,Neuropathy etc) : 2 or more risk medications (e.g PCA/Opiates, anti- convulsant, anti-hypertensive,diuretics,hypnotics,laxatives, sedatives, anti-depressant, insulin/oral hypoglycemics & psycotropics)	No	0	0	0	0	0	0
		Yes	15	15	15	15	15	15
3.	Reviews: Intravenous Therapy/Heparin/Normal Saline Lock (IV Access)	No	0	0	0	0	0	0
		Yes	20	20	20	20	20	20
4.	Uses Ambulatory aid : None/Bed rest	No	0	0	0	0	0	0
	Crutch/Quad Cane/Walking Frame/Nurse assist/Walking Aid	Yes	15	15	15	15	15	15
	Holds on to Furniture	Yes	30	30	30	30	30	30
5.	Gait is : Normal	Yes	0	0	0	0	0	0
	Gait is: Weak/Bed Rest/Wheelchair(need assistance)	Yes	10	10	10	10	10	10
	Gait is : Impaired	Yes	20	20	20	20	20	20
6.	Mental Status : Oriented to own ability	Yes	0	0	0	0	0	0
	Mental Status : Over Estimates / Forget limitations (including Post - Operation / Sedation & Medication that might cause drowsiness)	Yes	15	15	15	15	15	15
	Total Score		45	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Done by (Name):		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	Sign:		[illegible]			[illegible]	[illegible]	
	Low Risk(LR) 0-24, Medium Risk 25-44 , High Risk(HR) 45 & above							

MATA CHANAN DEVI HOSPITAL
FALL RISK ASSESSMENT & INTERVENTION PLAN

Patient name.....Heer Ram..... IP.....145190.....UHID.....81853.....

Standard Precautions for all patients from step 1 to 7

Sr. No.	CARE PLAN	Tick appropriate intervention or NA for Not applicable						
		Date	9/02/8					
		Time	9pm	7m				
1	Ensure Call bell is in working condition, instruct patient on usage & place it within reach		✓	✓				
2	Educate Patient/Family on fall risk & advise to call for assistance		✓	✓				
3	Place bed in lowest position with brakes locked (not applicable to cot)		✓	✓				
4	Ensure upper side rails are raised at all times		✓	✓				
5	Advise Patient on Postural hypotension			✓				
6	Advise on effects of medication/sedation/ anaesthesia as appropriate		✓	✓				
7	**Non-compliance to fall risk Precautions:** Document in Nursing care plan		✓	✓				
	Medium Risk(MR) from Steps 1 to 10							
8	Place Fall Risk Signage & educate Patient /Family			✓				
9	Assist patient with transfer/ambulation		✓					
10	Ensure patient has Red wrist Tag(Vulnerable pt)		✓	✓				
	High Risk (HR) from Steps 1 to 15							
11	Assist patient in all daily activities. Remains with patient while Toileting		✓	✓				
12	Ensure all side rails are raised. Indicate R If refused			✓				
13	Encourage sit in companion & advise to inform nurse if he/she is leaving the room		✓					
14	Conduct 2 hourly Nursing rounds (4P'S : Potting, Positioning, Proximity of possession, Pain)		✓	✓				
15	Apply Physical restrainers if necessary (if restrained is used, restraint consent & monitoring chart is instituted)			✓				
	Nursing staff sign							
	Name							

MATA CHANAN DEVI HOSPITAL
CDH

NABH

NABL ACCREDITED M-0375

Patient's Name .....

CR NO.	: 818544	IP NO.	: 145190
Name	: Mr./HARI RAM/83/Yrs/MALE		
Panel	: RAKSHA TPA		
Room/Ward	: S243 -01 PRIVATE WARD SECOND FLOOR		
DOA/TOA	: 19/06/2018 7.39 AM	PRIVATE	
Unit/Cons	: GSR-2		
Admiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DM((25439)		

NURSING NOTES

Date 19/6/18

(M) 8AM Notes	Special Attention
Pt Recieved from Casulty from Casulty.	
· Pt is Conscious and oriented	
· Pt is stable	
· Vital signs are checked and Recorded.	
· IV fluids on flow	
· No fresh Complaints.	
· T dent Nurse OPD Dent prepare ch	
(M) Pt. rcd from Duty staff. vitals signs checked & recorded. IV Cannula Site healthy. All give medicine given as per	

NURSING NOTES

Name .....UHID No. .....

Date .....IP No. .....

Notes	Special Attention
c/x orolex	
Inf RL @ 100ml/hr	
Soft diet	
Sen	
20/6/18	
(N)	
Pt received from (N) duty staff. I/S are checked & received. IV cannula healthy & fresh. Pt is NPO till further orders. Foley's (+), Ryles tube (+). IV fluid 80 ml/hr on flow. Serum electrolyts and Serum calcium sample send to lab. Pt is stable & conscious.	

MATA CHANAN DEVI HOSPITAL
CDH

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NABL ACCREDITED M-0375

Patient's Name

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA
Room/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

NURSING NOTES

Date .....

Notes	Special Attention
(E)	
Pt. Rld from (M) duty staff.	
Pt is unstable.	
Foley's (+), Vo charting bdy.	
Ryle's tube (+)	
IV fluid RL/ONS @100ml/hr on flow.	
Medicines given to the pt as per doctor order.	
Pt is NPO till further order.	
No fresh complaints.	
Neena 3123	
(N) 2 Pt rld from (M) duty staff.	
Vitals Signs checked & recorded. IV Cannula Site	

NURSING NOTES

Name ..... UHID No. .....

Date ..... IP No. .....

Notes	Special Attention
healthy. All due medicine given as per dr. order.	
• IVF RL | DNS @	
• NPO	
• Foley's (+)	
• Drain.	
21/6/18	
(MJ)	
• Pt. Rld from (N) duty staff	
• Pt. is unstable.	
• Foley's (+) i/o charting. hrly.	
• Ryles tube (+)	
• IV fluid RL/DNS @ 100ml/hr on flow.	
Medicines given to the pt as per doctor order.	
• Physician ref. done by Dr. parumjot.	
• ECG advised by Dr. parumjot.	
• Sample RFT, CBC, S. calcium, S. magnesium send to the lab.	
• Mrng round done.	

MATA CHANAN DEVI HOSPITAL

NABH

NABL ACCREDITED M-0375

R NO.	: 818544	IP NO.	: 145190
lame	: Mr./HARI RAM/83/Yrs/MALE		
anel	: RAKSHA TPA		
oom/Ward	: G 30-11 ICCU WARD GROUND FLOOR		
OA/TOA	: 19/06/2018 7.39 AM	PRIVATE	
nit/Cons	: GSR-2		
dmiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

NURSING NOTES

Date .....

Notes	Special Attention
• Cardiac ref. advised by Dr. S. Jolly.	
• Cardiac ref. informed to Dr. Sanjay Sharma.	
• Chest x-ray & ABG done.	
• Inj. Monocef stop.	
• Inj Tazar & Inj Metrogyl start.	
• No fresh complaints	
21/6/18	
(G) → pt received from (N) deg stable	
→ All due medication given	
→ provide comfort position	
→ provide psychological support	
→ Vital sign checked & seen	
Shrey	

NURSING NOTES

Name ..... UHID No. .....

Date ..... IP No. .....

Notes	Special Attention
N) 8:30am - 12pm	
- Pt received from OT to ICU at 8:30 pm	
- vitals checked & recorded	
- Nebulization given to the pt	
- Oxygen support given	
- 2 O FFP transfused to the patient	
- All due medication given as per ordered	
12am-4am - vitals checked & recorded	
- Pt is NPO till further order	
- RL @ 100 ml/hr	
- I/O charting done	
4am-8am - Investigation sent	
- Morning Care given	
- Hygiene maintained	
- Handover given to other staff	
- No fresh complaints	

MCDH / Nursing / Daily Nursing Flow Sheet / F-68 / Ver-1 / May-12

MATA CHANAN DEVI HOSPITAL
CDH
NABH
NAB ACCRED M-03

CR NO.	818544 IP NO. : 145190
Name	Mr./HARI RAM/83/Yrs/MALE
Panel	RAKSHA TPA
Room/Ward	G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA	19/06/2018 7.39 AM PRIVATE
Unit/Cons	GSR-2
Admiting Doctor	Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

NURSING NOTES

Date 22/6/18

(M)

Notes	Special Attention
9:30 AM → Pt handover received from (N) duty staff.	
→ Pt is conscious and weak.	
→ Vitals checked and recorded.	
→ All reports collected.	
→ Pt is on NPO.	
→ Foley's present.	
10:30 AM → I/O charting done.	
→ IV fluids DNS/RL @ 100ml/hr is infused.	
→ IV cannula site is clean & healthy.	
1:30 PM → Chest drain present on both side.	
→ No fresh complaints.	
→ 2 (+) FFP to be transfused today	

MCDH / Nursing / Daily Nursing Flow Sheet / F-68 / Ver-1 / May-12

NURSING NOTES

Name ..... UHID No. .....

Date ..... IP No. .....

(E) 22/06/18 Notes	Special Attention
2pm Patient received from morning duty staff	
3pm All vitals are checked and recorded	
4pm Medication given as prescribed by doctor	
5pm I/V cannula site healthy	
r/o charting done	
(•) 2 FFP transfused	
6pm RBS done	
7pm Nebulization done	
Drainage (+) both side	
8pm Foley's (+)	
RT (+) c̄ continue aspiration	
NS/RL @ 80 ml/Hourly	
Hexadine mouth wash done	
Steam Inhalation given	
No fresh complaints	
Rathi 22/7	

MATA CHANAN DEVI HOSPITAL

NABH

NABL ACCREDITED M-0375

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

NURSING NOTES

Date .....

Notes	Special Attention
(N) 23/6/18	
8:00 pm * Pt Received from Cung Staff	
* Pt is Conscious & Oriented	
* Vitals Checked & Record	
* R/U line (P) & hendrey	
12:00 pm * R/O Charting done	
* Medication Given as per order.	
* Bs Charting done	
* R/U fluid on flow (w) 100 ml/hr	
* Ryle's tube (P) c̄ Continuous Aspiration	
2:00 pm * 2DFF transfused today	
* Propped-up Position	
* Drain (P)	
6 PM * Morning Sample sent in lab	
* Morning Nursing need	
6:00 pm Care given...	
* Any need Care given	
* Pt handed over to Morning Staff	

NURSING NOTES

Name: Hari Rani UHID No.

Date 23/6/18 IP No. 145190.

Notes	Special Attention
23/6/18 (M): 8am – 10am	
Handover taken from (N) staff.	
G.c of pt unstable	
vitals checked and recorded.	
All due medicines given.	
cannula site changed to Rt hand.	
Ryles tube present	
continuous RT aspiration onflow.	
Lt and Rt abdominal drainage present.	
Foley catheter present.	
Yo charting done.	
O2 support onflow.	
vitals checked and recorded.	
Yo charting done	
sips of water given by orally.	
oral care given.	
position changed.	
- Drainage site checked and sites are clean.	
-	
vitals checked and recorded	
O2 support onflow.	

MATA CHANAN DEVI HOSPITAL

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NABL ACCREDITED M-0375

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
nit/Cons : GSR-2
dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Consultant's Name .....

NURSING NOTES

Date 23/6/18

Notes	Special Attention
- cannula site healthy.	
- IV fluid @ 100 ml/hr on flow.	
- saturation maintained.	
(E)	
2:30 pm → Pt handover received from (M) duty staff.	
→ Pt is conscious and weak.	
→ Vitals checked and recorded.	
→ follows (+).	
→ I/O charting done.	
4:30 pm → IV cannula site clean & healthy.	
→ IV ~~fluids~~ RL/DNS @100ml/hr is on flow.	
→ Chest physio and mobilization done	
→ Oral hygiene done.	
→ No bedsore.	
7:30 pm → chest drain (+) on both Rt / left.	
→ RT aspiration is on continuous.	
→ All due medication given as ordered	
→ No fresh complaints	

Angela 3479

NURSING NOTES

Name ..... UHID No. .....

Date ..... IP No. .....

Notes	Special Attention
03/6/18 8:00 pm to 8:00 am	
(N)	
8:00 am ✱ Pt Received from Evg Bed	
✱ Pt is Conscious & Oriented	
✱ Vitals Checked & Recorded	
✱ Pt bed Chaotry Clean	
✱ Pt fluid on flow ⊕	
10:00 pm Foley/Ur.	
✱ Pt chanting done	
✱ Foley's Cath (P)	
✱ Drain (P)	
2 AM ✱ Ryle's tube (P) ⊕ Continuous Aspiration	
✱ Morning Sample sent in Cup	
3 AM ✱ Propped-up Position	
✱ Morning Care given	
✱ Nap done	
8:00 am ✱ Pt Changing done.	
✱ Per req need Ow. Ex	
✱ Pt handed over to Morning Staff	

MCDH / Nursing / Daily Nursing Flow Sheet / F-68 / Ver-1 / May-12

MATA CHANAN DEVI HOSPITAL
CDH
NABH
NABL ACCREDITED M-0375

Patient's Name: Hari Ram
UHID No. 818544 IPD No. 145190
Age: 83 yrs Sex: M
Ward/Bed No. 8 CCU DOA 21/6/18
Consultant's Name: GBR - II

NURSING NOTES

Date 24/6/18

(M). Notes	Special Attention
9:30 Am → Pt handover received from (M) duty staff	
→ Pt is conscious and oriented	
→ Vitals checked and recorded	
→ Chest physio & mobilization done.	
→ All reports collected.	
10:30 Am → Pt is on NPO	
→ All due medication given as ordered.	
→ Polyis (P)	
→ I/O charting done.	
1:30 Pm → IV cannula site clean and healthy	
→ IV fluids RL/DNS @ 100ml/hr is on flow.	
→ No fresh complaints	
Angel 3479	

NURSING NOTES

Name ..... UHID No. .....

Date ..... IP No. .....

Notes	Special Attention
Evening duty Report:-	
* Patient received from Morning duty staff	
* General condition Sick.	
* Vitals checked and recorded.	
* IV cannula site healthy and patent.	
* Due medications inj. Tazact given.	
* Incentive spirometry exercise done.	
* I/O charting done.	
* Chest physio done.	
* Oral hygiene maintained	
* Patient is NPO.	
* Nebulized done	
* Due tablets given in Ryle tube	
* IV cannula present	
* Due medication and injections given.	
* Oral sips of water given.	
* Given over to next duty staff	
MR 3233	

MATA CHANAN DEVI HOSPITAL

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NABL ACCREDITED M-0375

CR NO	: 818544	IP NO.	: 145190
Name	: Mr./HARI RAM/83/Yrs/MALE		
Panel	: RAKSHA TPA gipsa		
Room/Ward	: G 30-11 ICCU WARD GROUND FLOOR		
DOA/TOA	: 19/06/2018 7.39 AM	PRIVATE	
Unit/Cons	: GSR-2		
Admiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198).Dr.SHALIT JOLLY DMC (25439)		

NURSING NOTES

Date 26/6/18

Notes	Special Attention
Night Nurses 8pm-12am.	
Night duty Sta Report.	
+ Patient is Recieved from Evening duty staff.	
+ General condition Sick	ET plasmatomy
+ IV Cannula Sit is healthy.	laparotomy
10am-8pm + IV fluid is on flow	Resection done
+ All medicin given as per doctor order.	
+ oral sips of water given.	
+ I/O charting done.	
+ Due tablets given to the Patient.	
+ ~~Pt~~ Patient is stable now	
No fresh complain given by the Pt.	Sushma
→ Both side drain present.	
→ RT aspiration continue	

NURSING NOTES

Name .....UHID No. .....

Date .....IP No. .....

Notes	Special Attention
(M) 25/6/18 8am → pt received from (N) duty staff → vitals signs checked & recorded. → pt is conscious & oriented	
8:30 am → All morning reports are collected.	
9:00 am → Ryles tube insitu Day 6 & on continous RT aspiration. → Two drainage present on both sides of the pt → Exploratory laprotomy & resection procedure done.	
10:00am → pt is on NPO. → O_2 support to be given to the pt via nasal cannula	
10:00am → Foley insitu Day 06 Ifo charting done hrly → Neurovitals monitoring done hrly	

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NABL ACCREDITED M-0375

Patient's Name: HARI RAM
UHID No. 818544 IPD No. 145190
Age: 83 Sex: male
Ward/Bed No. DOA 19/6
Consultant's Name: G.S.R.D.

NURSING NOTES

Date .....

Notes	Special Attention
IV cannula site assessed. 20 Gauge cannula present on Rt hand	
12:00pm Ryles tube removed. sips of water allowed orally.	
1pm → pt is on IV fluid DNS/KCl @ 100 ml/hr to be given	
2pm → All due medications given to the pt. → mobilization done	
Anshu SSST	
25/6/18	
(L) 2:00pm - 8:00pm	
2:15pm - ~~5:00~~ 4:00pm	

NURSING NOTES

Name ..... UHID No. .....

Date ..... IP No. .....

Notes	Special Attention
by Handover taken from (M) duty staff	pain in abdomen, HTN, Vomiting
by pt Condition is Sick, Awake	
by ~~Ht~~ Right parorbic drain and left pelvic Drain present	
by Vitals Checked and recorded	
by All medication given to the pt.	Underg investigation (USG, ~~B~~ lab rep, Chest Xray)
by Sips of water given	
4:00pm - 6:00pm	
by Vitals Checked and recorded	
by RT Continuous aspiration stopped at 2:05pm	USG(Wp) - xray prostatomegaly, Cellen
by RL DNS / @ 100ml/hr Outflow	fatty liver
by Vitals Checked	
6:00pm - 8:00pm	
by Vitals Checked	
by All medication given to the pt	Nursing Diagnosis
by Pt Charting done	
TSRao	

MATA CHARAN DEVI HOSPITAL GDH

NABH

NABL ACCREDITED M-0375

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA gipsa
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
il/Cons : GSR-2
Imiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Consultant's Name .....

NURSING NOTES

Date .....

Notes	Special Attention
25/6 8pm – Pt receiving from EVNG duty staff	
– pt is conscious & oriented	
8.30pm – vitals checked & recorded	
10pm – Due medications given	
– IV fluid is on flow	
– IV Cannula intact	
– orally S.D. taken	
– Drain (+) (L-) & (R+) side	
– foley's (+) & U.O charting done	
– O2 support is on flow through nasal prongs	
12mid – Vitals monitoring done	
4am – sponge bath done	
– oral care & back care given	
– adv. blood investigations done, any abn (R) reported	Shalit 25/6
– pt bystanders informed to (R) duty Sr	

NURSING NOTES

Name .....UHID No. .....

Date .....IP No. .....

Notes	Special Attention
26/6 8am-10am	
M) Pt received from (N) duty staff	
- vitals checked & recorded	
- I/O charting done	
- Doctor's round done	
- chest physio done	
- All due medication given as per doctor's order.	
10am-12pm	
- Incentive spirometry done	
- I/V Cannulation right healthy Rt hand 20'G VIP score - 0	
- Drain (+) Right side & left side	
- Foley's Cath (+) 19/6/18 Day 7	
- Soft diet given	
- Doctor's round done	
12pm-2pm - DNS/RL stop.	
- N/2 @ 80 ml/hr on flow	
- All med to be dissolved in N/2	
- No fresh complaints	

MCDH / Nursing / Daily Nursing Flow Sheet / F-68 / Ver-1 / May-12

MATA CHANAN DEVI HOSPITAL

NABH

NABL ACCREDITED M-0375

R NO.	: 818544	IP NO.	: 145190
ame	: Mr./HARI RAM/83/Yrs/MALE		
anel	: RAKSHA TPA gipsa		
oom/Ward	: G 30-11 ICCU WARD GROUND FLOOR		
OA/TOA	: 19/06/2018 7.39 AM PRIVATE		
hit/Cons	: GSR-2		
imiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

NURSING NOTES

Date 26/6/18

Notes	Special Attention
Patient received from morning duty staff.	
2pm.	
3pm vitals are checked and recorded.	
Pt. Shifted to SBV at 3pm	
Pratima 2pm	
(E)	
Pt Received from (M) duty staff vitals checked & recorded, medicine given as doctor prescribed.	
Dr Gomila Jolly, pt is stable & No fresh complaint	
Rupali 8004	

NURSING NOTES

Name .....UHID No. .....

Date .....IP No. .....

24/6/18 Notes	Special Attention
(M) pt. received from (N) duty staff.	
- All due medications done.	
- g/v hire healthy.	
- Vitals checked & recorded	
- No fresh complaints.	
(E)	
- pt Received from (M) duty staff	
vitals checked & recorded	
medicine given as prescribed	
Pt Condition healthy pt is	
stable No fresh Complaint	
(N) pt received from (E) duty	
staff	
- pt Condition good Comfort	
and quiet	
- taking care and talking	
well	
- to Counsel, pent and	
patient	

MATA CHANAN DEVI HOSPITAL CDH

NABH

NABL ACCREDITED M-0375

Patient's Name: HARI RAM
UHID No.: 818544 IPD No.: 145190
Age: 83 y Sex: male
Ward/Bed No.: ICU DOA: 19/6/18
Consultant's Name: C.S.R. II

NURSING NOTES

Date: 28/6/18

Notes	Special Attention
(M) Pt. R/D from (N) duty staff. Vitals are checked & recorded. - All the medicines are given - IV/ site is healthy - No any fresh complaints.	
(E) - Pt. received from (M) duty staff vitals checked & recorded medicine given as prescribed IV/ Continuous healthy, Pt is stable No fresh complaint	
(N) pt. received from (E) duty staff pt condition good. Conscious and oriented. Taking orally and relatively well. - IV Cannula patent and patent	

NO. : 818544 IP NO. : 145190
ne : Mr./HARI RAM/83/Yrs/MALE
nel : RAKSHA TPA gipsa
om/Ward : D133 -02 SEMI PRIVATE WARD MALE FIRST FLOOR
A/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
mitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

TES

....UHID No. .....

	Special Attention
29/6/18	
Cm) level to pt from night duty staff	
All dec medicine on given. vitals are	
stable. Dr had made rounds advice to	
d/s the pt Dey	

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA
Room/Ward : G218-01 POST OPERATIVE WITH SURGICAL ICU SECOND WD
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC TA (25439)

PATIENT Name ..... Age/Sex.....

Ward/Room No.....Unit/Doctor.....Panel.....

Date				
Day of Hospitalisation/ POD(Post Operative Day)		29/6/18.		
Chief complaints				
Diagnosis				
Intake				
Output				
		Morning	Evening	Night
Hygiene	Personal/ Surroundings		Done	
Investigations	Done		Done	
	Due		Nil	
Medicines	New additions		Nil	
	Stopped		Nil	
	IV lines/IV fluids or any New line		100ml/hr	
Referal				
Procedure/surgery	Done		Nil	
	Due		Nil	
	Plan		Nil	
Diet	Type		NPO	
	Specificities		Nil	
Alerts/Incidents			Nil	
Important message			Nil	
Issues/complaints				
Name & Sign of assigned Dr.				
Name & Sign of Duty Doctor				

MATA CHANAN DEVI HOSPITAL

ISO 9001 - 2008 Certified

NURSING FOCUS NOTES

PATIENT Name: Mani Ram IP/UHID: 145190 Age/Sex: 63/M

Ward/Room No.: POP Unit/Doctor: Panel:

Date				
Day of Hospitalisation/ POD(Post Operative Day)				
Chief complaints				
Diagnosis	Hernia			
Intake				
Output				
		Morning	Evening	Night
Hygiene	Personal/ Surroundings		done	Done
Investigations	Done		no	
	Due		no	
Medicines	New additions		no	Inj. DYNAPAR
	Stopped		no	
	IV lines/IV fluids or any New line		no	Inf RL @ 100 ml/hr
Referal				
Procedure/surgery	Done			Hernia
	Due		no	
	Plan		no	
Diet	Type		no	NPO
	Specificities		no	
Alarts/Incidents			no	Foley's
Important message			Foly + Ryles	Ryles,
Issues/complaints				
Name & Sign of assigned staff Name & Sign of Nursing Officer			Sheelpa	

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NURSING FOCUS NOTES

PATIENT Name Hari Ram IP/UHID 818544/14/90 Age/Sex 53y/M

Ward/Room No. POP Unit/Doctor GSR-2 Panel TPA

Date 20/6/18				
Day of Hospitalisation/ POD(Post Operative Day)				
19/6/18				
Chief complaints				
Diagnosis	Hernia			
Intake				
Output				
		Morning	Evening	Night
Hygiene	Personal/ Surroundings	Done	Hygienic	Yes
Investigations	Done	S.Calcium S.electrolyte	NIL	–
	Due		NIL	–
Medicines	New additions	Inj Dynapar TDS	NIL	–
	Stopped		NIL	NIL
	IV lines/IV fluids or any New line	RL/DNS	RL/DNS	RL/DNS
Referal		NO	Physiotherapy Dr. Pur	
Procedure/surgery	Done	Done	DONE	DONE
	Due			
	Plan			
Diet	Type	NPO	NPO	NPO
	Specificities			
Alerts/Incidents		NO	NO	
Important message	Foley's (+) Ryl tube (+)		Foley's (+) Ryle tube (+)	Foley's (+) Ryle tube (+)
Issues/complaints	NO		NO	
Name & Sign of assigned nurse	Deepa			
Name & Sign of taking over nurse				

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C-1, Janak Puri, New Delhi - 110058
Ph : 011- 45582000, Emergency: 011- 45582050, Blood Bank: 011- 45582193

NABL ACCREDITED M-0375

MEDICINE CHART

Patient's Name: HARI RAM Sex: M Age: 83 yr IP No.: 145190
UHID No. 818544 DOA: 19/6/18 Dr's Name: GSR-2
Diagnosis: B/L Inguinal Hernia Ward: POP Bed No. 3

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date ..... Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date ..... Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D1	1)	ATD INJ. TAZAR	4.5 gm	IV	Thric								
D1	2)	INJ. METROGYL	100 ml	IV	Thric		Shelpa 3pm						
	3)	INJ. PAN	40 mg	IV	OD								
	4)	INJ. EMESET	4 mg	IV	BD		Shelpa 7am						
	5	IN DRIP INJ. DYNAPAR	25 mg	IV	Thric		Shelpa 8am		2	10			
	6	In. RANTAC	50 ml	IV	BD		Shelpa 7am		7pm				
	6	T. AMLODEPINE	5 mg	P/O									
	7	T. INNODE	5 mg	P/O	BD								

Name of Doctor : .....
Signature of Doctor : .....

Name of Nursing Staff : Meenakshi
Signature of Nursing Staff : Meenakshi

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

Food - Drug / Drug - Drug Interaction

(To be written by doctor)

IV FLUIDS.

Ordered IV Fluids

10 RL. 1ap Calcium Gluconate in drip @ 100 ml/hr on flow

Doctor Sign.:

IV Fluids / Blood	Amount	Started	Completed	Sign.

Start Date	S. No.	Nebulization	Dose	Freq.	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time

Investigations:

Chest physio / BD

Mobilization

Special Instructions:

Folley's (+)

Ryles (+)

Diet: NPO

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MEDICINE CHART

Patient's Name: Mr. HARI RAM Sex: M Age: 83 IP No.: 145190
UHID No. 81854 DOA: 19/6/18 Dr's Name: GSR-2
Diagnosis: Inguinal Hernia Ward: POP Bed No. 3

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date 20/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date 21/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D2	1	INJ - MONOCEF	1 gm	IV	BD		Shilpa 8am	Shilpa 8pm			8am	8pm	21/6/18
	2	INJ - PAN	40 mg	IV	OD		Shilpa 7am				7am		
	3	INJ - EMSET	1 amp	IV	BD		Shilpa 8am	7pm			7am		
	4	INJ - DYNAPAR	75 mg	IV	TDS		Shilpa 8am	10pm			7am		
	5	INJ - LASIX	2 ml	IV	Stat		Nisha 9:30am				Nisha 10am		
		Inf Ambodex S-Rn											
		Tab. IVNODE	5mg		BD								
		Dulcolax Supp	2		Stat						Nisha 11am		

Name of Doctor : .....
Signature of Doctor : .....

Name of Nursing Staff : Nisha
Signature of Nursing Staff : .....

Food - Drug / Drug - Drug Interaction

(To be written by doctor)

IV FLUIDS.

Ordered IV Fluids

RL/DNS @ 100ml/hr.

Inj - KCL 1amp in the drip slowly IV infusion in the running

Doctor Sign

RL 1amp calcium Gluconate in drip @ 100ml/hr on 40 cc

Doctor Sign

IV Fluids / Blood	Amount	Started	Completed	Sign.

Start Date	S. No.	Nebulization	Dose	Freq.	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time

Investigations:

* S. electrolyte, S. calcium, KFT, CBC] 4/R
* ECG - Done.
* Physicianref - Inform - Dr Ram
* Chest physiotherapy - BD
* Mobilization - BD

Cardio ref - inform

Special Instructions:

Foley's (+)

Ryles (+)

Diet:

NPO

Pt RID by OT to IOP at 3.30 pm

Mata Chanan Devi Hospital

MEDICINE CHART

NABL ACCREDITED M-0375

Patient's Name: Ml. Hori Ram Sex: M Age: 63 IP No.: 145190

UHID No. 81544 DOA: 19/6/18 Dr's Name: GSR-2

Diagnosis: Inguinal Hernia Ward: NM Bed No. 321

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date 19/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date 20/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D1	1.	INJ. MONOCEF (OTO)	1 gm	IV	~~Stat~~ BD	Suman 9:30		10pm		8am		8pm	2
	2	INJ. RANTAC	50 mg	IV	Stat	Suman 9:30							
	3.	INJ. PERINORM	10 mg	IN	Stat	Suman 9:30							
		(IV DRIP) Inj Dynapar	1 amp	IV	~~BD~~	6pm				7am			
		Inj Pan	40 mg	IV	OD	6pm				7am			
		Inj Emsat	1 amp	IV	BD			10pm		7am			
		INJ- Lasix	2 ml	IV	Stat					9:30 Am			

Food - Drug / Drug - Drug Interaction

(To be written by doctor)

Name of Doctor : Dr Gaya

Signature of Doctor : 08290

Name of Nursing Incharge : Suman

Signature of Nursing Incharge :

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

IV FLUIDS.

Ordered IV Fluids

IVF RL
D5W
80 ml/hr

Doctor Sign.:

IV Fluids / Blood	Amount	Started	Completed	Sign.

Start Date	S. No.	Nebulization	Dose	Freq.	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time

Investigations:

Flocharting strictly
S. electrolytes
S. calcium
USG.
Phy. Abodomen
Erect - CXR

Special Instructions:

Pillow for 24 hrs post allenner
Inform Sos w/P vitals
Foley +
Ryles tube +

Diet: NPO till further order.
NPO
Phy therapy allenner Hyped

Mata Chanan Devi Hospital

MEDICINE CHART

NABL ACCREDITED M-0375

Patient's Name: MR. HARIRAM Sex: M Age: 83 IP No.: 145190

UHID No. DOA: 21/6/18 Dr's Name: USR-II

Diagnosis: B/L INGUINAL HERNIA Ward: SB 1st Floor Bed No. 133 II

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date 26/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date 27/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D6		INJ. TAZACT	4.5 gm	IV	TDS	6	2				6	2	10
D4		INJ. METRONIC	100 ml	IV	TDS	6	2				6	2	10
		INJ. PANTOP	40 mg	IV	BD	7					7		
		INJ. EMESET	4 mg	IV	BD	7					7		10
		INJ. TRAMADOL	1 amp	IV	BD	10					10		10
		INJ. PARACIP	100 ml	IV	SOS								
		T. AMLODIPINE	5 mg	PO	OD	10					9AM		
		T. IVABRADE	5 mg	PO	BD	10					10		10
		NEBE DUOLIN	1 Resp/ml		TDS	8	2				8	2	10
		NEBE BUDECORT	1 Resp/ml		BD	10					10		10
		STEAM inhalation			TDS	8	2				8	2	10
		INCENTIVE spirometry			3 times								
		T. MYONAC 600mg	1	PO	OD						1 PM		

Food - Drug / Drug - Drug Interaction

(To be written by doctor)

Name of Doctor: Name of Nursing Incharge:

Signature of Doctor: Signature of Nursing Incharge:

IV FLUIDS.

Ordered IV Fluids	IV Fluids / Blood	Amount	Started	Completed	Sign.
N/2 80 mlhr + ~~tamp feed~~ 1 T8 ~~[illegible]~~					
Doctor Sign.:					

Start Date	S. No.	Nebulization	Dose	Freq.	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
		Pottley's Remove dry at bam							
	c/o	Anychest PPT							

Investigations:

→ 2 @ FFP transfusion 2 l 6/hr
→ 2 @ FFP transfusion 2 l 6/hr chest xray
→ S. electrolyte LME | SpO2 charting q 4 hrs

Special Instructions:

→ I/O charting
→ chest physio LME & mobilization
→ oral hygiene
→ Drain out 2 l 6/hr S/COM
→ S. electrolyte, magnesium c/o PPT any chest
→ O2 continue

Diet:

S. D

Mata Chanan Devi Hospital

MEDICINE CHART

NABL ACCREDITED M-0375

Patient's Name: MR. HARI RAM Sex: M Age: 83 IP No. 145190

UHID No. DOA: 21/6/18 Dr's Name: GSR-II

Diagnosis: B/L INGUINAL HERNIA Ward: Sgut Bed No. 133 II

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date 28/6 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date 29/6 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D8		INJ. TAZACT	4.5 gm	I/V	TDS	8				8	2	10	D9
D8		INJ. METROGYL	100 ml	I/V	TDS	8				8	2	10	D9
D		INJ. PANTOP	40 mg	I/V	BD	7	-			7	-	7	
		INJ. EMESET	4 mg	I/V	BD	10	-			10	-	10	
		INJ. TRAMADOL	1 amp	I/V	BD	10	-			10	-	10	
		INJ. PARACIP	100 ml	I/V	SOS								
		T. AMLODIPINE	5 mg	P/O	OD	9 am				9 am			
		T. IVABODE	5 mg	P/O	BD	10	-			10	-	10	
		NEB C DUOLINE	1 amp	I/H	BD	8	2			8	2	10	
		NEB C BUDECORT	1 amp	I/H	TDS	10	-			10	-	10	
		STEAM INHALATION			TDS	8	2			8	2	10	
		INCENTIVE SPIROMETRY			3rd hly								
		T. MUCINAC	600 mg	P/O	BD	10	-			10	-	10	
		T. VOVERAN-D	1 tab	P/O	BD					10	-	10	

Food - Drug / Drug - Drug Interaction

(To be written by doctor)

Name of Doctor: Dr. Abhishek

Signature of Doctor: 21/6/18

Name of Nursing Incharge: ARUNA

Signature of Nursing Incharge: ARUNA

IV FLUIDS.

Ordered IV Fluids

Doctor Sign:

IV Fluids / Blood	Amount	Started	Completed	Sign

Start Date	S. No.	Nebulization	Dose	Freq.	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time

Investigations:

- X-ray chest c/x
- PFT c/x
- Serum Electrolyte - BD
- Morning Serum Electrolyte required by pt

Special Instructions:

- Foley's out
- I/O charting
- Chest physio & Mobilization
- O_2 continue

Diet:

S.O

MATA CHANAN DEVI HOSPITAL CDH

NABH

NABL ACCREDITED M-0375

Patient's Name: Hari Ram
UHID No.: _____ IPD: _____
Age: _____ Sex: _____
D.O.A.: _____ Ward/Bed No. _____
Consultant's Name: Med - GBRH

IN-HOUSE TRANSFER SUMMARY

Part A (To be filled in by the Doctor) (Please tick or write NA for not applicable)

Diagnosis: Post-op case of Herniography and inguinal rupture Speciality: GSR-II

Procedure Name: _____ Done On: _____

Consultant: Dr Nimal Jain, Dr S. Tally Allergies: Not Known

CNS ☐ Conscious / ☑ Oriented / ☑ Lethargic / ☐ Unresponsive ☐

Any neurological deficit: _____

Heart Sounds: S1 Normal ☑ Feeble ☐ Loud ☐ Any Other: _____

S2 Normal ☑ Feeble ☐ Loud ☐ Any Other: _____

Murmurs : Systolic ☐ **Diastolic** ☐ **Continuous** ☐

RESPIRATORY

Airway Type: Endotracheal ☐ Tracheostomy ☐ Intact ☑ Compromised ☐ Protected ☐

Breathing: Regular ☑ Irregular ☐ Labored ☐

Breath sounds: R-Clear ☑ Crepitation ☐ Absent ☐ L-Clear ☑ Crepitation ☐ Absent ☐

Oxygen therapy via: Mask ☐ Venturi ☐ Nasal Prongs ☐ Others: _____ Rate: ____ l/min

ABDOMEN

Distended: No Distended ☐ Soft ☑ Firm ☐ Tender ☐ Non Tender ☐

Bowel Sounds: Hyperactive ☐ Regular ☑ Sluggish ☐ Absent ☐

GI Bleed: None ☑ Upper GI ☐ Lower GI ☐

Physician Focus Yes ☐ No ☐ If yes specify: _____

Dr. Jitendra Kumar
Resident Medical Officer
DMC Regn No. 25137
Mata Chanan Devi Hospital
G.T. Janak Puri, New Delhi-5

Transferring Doctor: Name: _____ Emp. ID.: _____ Signature: _____

PART B (To be filled by the nursing staff)

From (Unit): CCU To (Unit): Ward

Latest Vital Signs: BP: 110/80 Resp.: 24 Pulse rate: 84 Temp: 98.6 Pain (0-10) 0

Informed to Dietician Yes ☑ No ☐

Type of Diet: L.F.

NG Tube: For Feeding ☐ For Gastric Suction ☐ Placement confirmed before shifting Yes ☐ No ☐

Wounds

Site	Clean / Dry / Infected	Soakage	Dressing	Type of Dressing	Freq. of Change
1)	☐	☐	☐		
2)	☐	☐	☐		
3)	☐	☐	☐		

Sutures / Staples :

Site _____ Condition : _____ Drainage : _____

DRAINS

Key: a) Serous (clear) b) Sanguinious (contains blood) c) Serosanguinious (blood + serum) d) Others (bile)

Type	Colour (Write a, b, c from key)	Dressing clean (as app.)	Soakage ((✓as app.)
Chest:	☐	☐	☐
Abdominal :	☐	☐	☐
Gastrostomy:	☐	☐	☐
Colostomy:	☐	☐	☐
Any Other :	☐	☐	☐

Foley's Catheter Size : 16 On continuous drainage ☐ Intermittent drainage ☐

Colour : Clear ☑ Amber ☐ Haematuria ☐ Cloudy ☐

Intravenous Access and Infusions / Transfusions

	Fluid Type	Additive	Strength	Rate
1)				ml/hr
2)	W/2 @	80 ml / Hearts		ml/hr
3)		C 1 Amp KCL		ml/hr

Intake (Last 24 hours) _____ Output (Last 24-hours) : _____

Bed Sore : Yes ☐ No ☐ **Phlebitis :** Yes ☐ No. ☐

Details (If Yes) _____

Handover Details

Diagnostic Reports / Films : Chest-xray - (7)

Lab Reports USG W/A - (0)

Drugs _____

Patient Belongings : _____

Transferring Nurse : Name : Preetami **Emp. ID.:** [illegible] **Signature :** [illegible]

Date of Transfer : 26/6/18 **Time :** 3 pm

Receiving Nurse : Name : _____ **Emp. ID.:** _____ **Signature :** _____

MATA CHANAN DEVI HOSPITAL

VITAL SINGS CHART (POST OP)

NAME OF PATIENT Hari Ram I.P. NO. 145190

AGE & SEX 83Y DOA DOD

NAME OF PROCEDURE Hernia

CONSULTANT NAME GSR-II

DATE	TIME	PULSE	RESP	02 %	B.P.	TEMP	POST OP CONDITION OF PATIENT (NOTES) IVF	URINE OUTPUT
	8	100	18	98	140/80		(500mL)	
	9	104	17	99	140/80			
	10	100	18	97	140/80			
	11	101	17	98	150/80			
	12	100	18	97	150/80			
	1	100	17	98	150/80		(500mL)	100mL
	2	102	18	97	150/80			
	3	110	17	98	140/80			
	4	109	18	97	150/80			
	5	111	17	98	150/80			
	6	105	18	99	150/80			~~100mL~~
	7	110	17	98	150/80			800mL
	8	110	18	97	150/80		600ml	900ml
	9	110	18	97	150/80		100ml	80ml
	10	114	20	100	161/78		100ml	50ml
	11am	111	20	100	148/80		100ml	70ml
	12pm	118	20	100	148/80		100ml	80ml
	1Pm	121	20	100	150/90		100ml	70ml
	2PM	123	18	99	140/80		100ml	50ml
	3Pm	125	18	98	131/80		100ml	50ml
	4Pm	122	18	96	133/82		100ml	40ml
	5Pm	120	18	94	135/85		100ml	40ml

VITAL SINGS CHART (POST OP)

NAME OF PATIENT HARI RAM I.P. NO. 145190

AGE & SEX 83yr / M DOA 20/6/18 DOD

NAME OF PROCEDURE Inguinal hernia

CONSULTANT NAME GSR-2

DATE	TIME	PULSE	RESP	02 %	B.P.	TEMP	POST OP CONDITION OF PATIENT (NOTES)	
	6pm	122	18	95	130/90		100 ml	40 ml
	7pm	110	18	94	133/94		100 ml	50 ml
	8pm	118	17	92	130/80		100 ml	50 ml
	9pm	117	18	91	130/80		100 ml	50 ml
	10pm	123	17	94	136/78		100 ml	50 ml
	11pm	120	18	95	136/78		100 ml	50 ml
	12am	98	17	98	130/80		100 ml	50 ml
	1am	97	18	99	140/80		100 ml	40 ml
	2am	98	17	98	130/80		100 ml	52 ml
	3am	99	18	99	130/80		100 ml	60 ml
	4am	119	18	98	130/80		100 ml	70 ml
	5am	123	18	92	130/80		100 ml	60 ml
	6am	114	18	92	130/80		100 ml	60 ml
	7Am	120	18	92	130/80		100 ml	50 ml
	8Am	120	24	90	130/80		100 ml	50 ml
	9Am	122	23	92	140/90		100 ml	50 ml
	10Am	124	22	93	145/92		100 ml	60 ml
	11Am	124	23	90	150/91		100 ml	40 ml
	12Am	123	18	90	130/80		100 ml	40 ml
	1pm	124	18	90	130/80		100 ml	50 ml
	2pm	124	18	90	130/80		100 ml	50 ml
	3pm	122	18	90	140/80		100 ml	50 ml

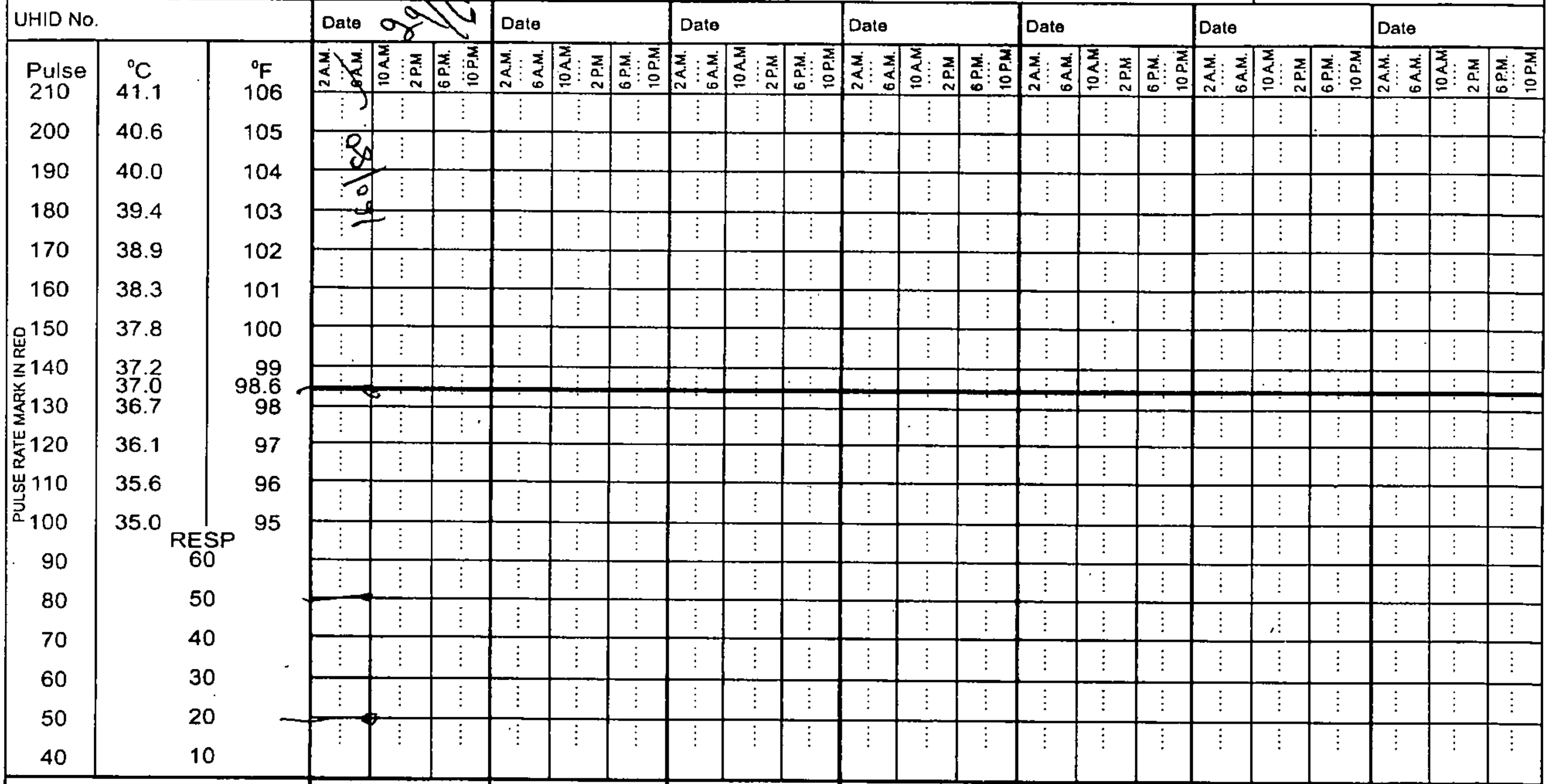
VITAL SIGNS FLOW SHEET

NABL ACCREDITED M-0376

Name Harpar	IP No. 1/45/12	Sex /Age	Diagnosis	Consultant

UHID No.

Date 29/12



NG Feed / ASP							
Urine							
Bowels							
B.P.							
Weight in Kg.							

MATA CHANAN DEVI HOSPITAL

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA
Room/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Name

UHID No.

Diagnosis

Consultant

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Pulse	°C	°F
210	41.1	106
200	40.6	105
190	40.0	104
180	39.4	103
170	38.9	102
160	38.3	101
150	37.8	100
140	37.2	99
130	37.0 / 36.7	98.6 / 98
120	36.1	97
110	35.6	96
100	35.0	95
90	RESP 60	
80	50	
70	40	
60	30	
50	20	
40	10	

PULSE RATE MARK IN RED

	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.
	120/80	120/75	120/70		120/80		120/80				120/80							

	Date						Date						Date						Date					
	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.	2 A.M.	6 A.M.	10 A.M.	2 P.M.	6 P.M.	10 P.M.
NG Feed / ASP																								
Urine																								
Bowels																								
B.P.																								
Weight in Kg.																								

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Ph : 1- 45582193

NABL ACCREDITED M-0375

NABH

: 818544 IP NO. : 145190
: Mr./HARI RAM/83/Yrs/MALE
: RAKSHA TPA
: S243 -01 PRIVATE WARD SECOND FLOOR
: 19/06/2018 7.39 AM PRIVATE
: GSR-2
Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC

Name of the Patient ..... Age & Sex .....

I.P. No. ..... / Room No. .....

Investigation	Range	Date 22/6/18	Date 23/6	Date 24/6/18	Date 25/6/18	Date 26/6/18	Date
Hb (g/dl)	11 - 16	12.0	10.5	10.7	11.8	12.0	
TLC	- 11000	12240	9290	7400	8950	9540	
DLC		92/07/01/00	85/12/02/01	79/15/4/02	80/13/05/02	80/15/07/02	
ESR							
Platelet	- 4 Lac.	180000	18000	190000	173000	2,15,000	
PBS & Comments							
Sugar (F) (R)	74-106						
Sugar (PP)	upto 140						
ea	15 - 43	62	45	51	51	49	
einine	0.4 - 1.0	1.17	1.0	0.92	0.91	0.78	
Acid	3.0 - 6	7.4	4.4	3.9	3.7	3.7	
cium	8.1 - 10.4						
osphorus	3.0 - 4.5						
dium	132 - 145	138.8	145.5	148.2	148.7	144.4	
tassium	3.0 - 5.5	3.9	3.8	3.4	3.9	3.7	
Billirubin	0.0 - 1.0						
Proteins	6.0 - 8.0	5.61	5.87	5.62	5.65	5.46	
lbumin	3.8 - 4.4	3.02	3.16	2.91	2.85	2.84	
Globulin	2-3.5	2.59	2.71	2.71	2.80	2.62	
SGOT/UL	0 - 87						
SGPT/UL	0 - 40						
S. Alk. Phos.	106 - 368						
CPK U/L	24 - 195						
CPK (MB) U/L	0 - 18						
LDH U/L	230 - 460						
S. Amylase	10 - 220						
S. Lipase / IU/L	0 - 67						
P. Time	11 - 15						
INR	1.5						
Acid Phos.	0 - 0.8 KA						

A/G. 1.17 A/G 1.07

FOR HOSPITAL USE ONLY

P.T.O.

Test	Biological Reference internal	Reference	Date	Date	te	Date	Date
PSA	0 - 4						
Lipid Profile							
S. Cholest	100 - 200						
Triglyceride	60-150 mg/dl						
HDL	40/60 mg/dl						
LDL	75 - 117 mg/dl						
VLDL	15-33 mg/dl						
Chol / HDL	<4						
Urine R/M							
Urine C/S							
Blood Culture							
BT (Bleeding Time)							
CT (Clotting Time)							
Coagulation Profile							
TSH							
T3							
T4							

Chest X-ray :

Ultra Sound :

MRI :

CT :

2D / ECHO / TMT :

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MATA CHANAN DEVI HOSPITAL

C-1, Janak Puri, New Delhi-110058
Ph. : 45582000, 25554487, 25554702, 25610009

NABL ACCREDITED M-0375

BLOOD SUGAR & URINE SUGAR CHARTING

Date 22/6

Name MR. HARI RAM Age 83 Sex F

Reg. No. 145790 I.P. No. Ward/O P D ICCU #15

DATE	TIME	BLOOD SUGAR (Mg/dl)	NORMAL RANGE F-65-100mg/dl PP-140mg/dl RANDOM-60-160mg/dl	URINE SUGAR KATONES
22/6	6 am	123 mg/dl		
23/6	6 am	125 mg/dl		
24/6	6 am	108 mg/dl		
25/	6 am	108 mg/		

Name of Staff Nurse

Signature

Name of R.M.O.

Signature

MCDH/Nursing/Blood Sugar & Urine Chart/F-71/Ver-2/Aug' 16

Mata Chanan Devi Hospital

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C-1, JANAK PURI, NEW DELHI - 110058

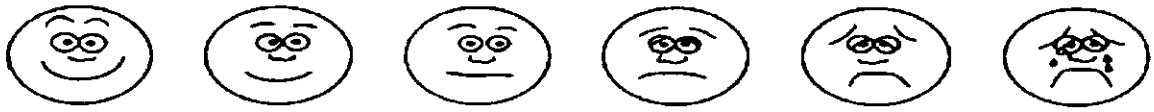
Reassessment of Pain

Name of Patient ....Hari Ram.... UHID/IP ....145190....

Age/Sex ....63/M.... Diagnosis ....Hernia.... Procedure ....

Location of Pain ....Surg site.... Reason of Pain ....Post Surg....

Date	Time	Pain scare (0-10)	Intervention	Name & Sign.
19/6/18	6pm	6/10	Inj. Dynalar	[illegible]
20/6/18	7pm	6/10	Inj. DYNAPAR	[illegible]
	8 am	4/10	—	[illegible]
	10am	2/10	—	[illegible]



0 No Hurt | 2 Hurts Little Bit | 4 Hurts Little More | 6 Hurts Even More | 8 Hurts Whole Lot | 10 Hurts Worst

Pain Score Scale

Name of Doctor : .....

Signature : .....

Name of Sister : Sanjay

Signature : [illegible]

MCDH/IPD/Pain assessment/F-/Ver-1/Oct'15

: NO. : 818544 IP NO. : 14[illegible]
me : Mr./HARI RAM/83/Yrs/MALE
nel : RAKSHA TPA
om/Ward : G 30-11 ICCU WARD GROUND FLOOR
A/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
niting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

hanan Devi Hosp[illegible]al

r Prevention & Management Plan

.... IP...UHID...

		Care Plan	Care Plan
Minimize or Eliminate Friction and Shear	☐ Maintain bed head at, or below, 30 degrees, or lowest possible level based on medical condition after ruling out contraindication ☐ Keep skin clear and dry. Remarks..	☐ Maintain head of bed at, or below, 30 degrees, or lowest possible level based on medical condition after ruling out contraindication ☐ Keep skin clear and dry. Remarks..	☐ Maintain head of bed at, or below, 30 degrees, or lowest possible level based on medical condition after ruling out contraindication ☐ Keep skin clear and dry. Remarks..
Minimize Pressure	☐ Limit the number of layers/wrinkles between the support surface and patient. ☐ Check wires of medical devices are not beneath the patient ☐ Maintain or enhance patient's level of activity . ☐ Turn at least every two hours. Remarks..	☐ Limit the number of layers/wrinkles between the support surface and patient. ☐ Check wires of medical devices are not beneath the patient ☐ Maintain or enhance patient's level of activity . ☐ Turn at least every two hours. Remarks..	☐ Limit the number of layers/wrinkles between the support surface and patient. ☐ Check wires of medical devices are not beneath the patient ☐ Maintain or enhance patient's level of activity . ☐ Turn at least every two hours. Remarks..
Manage Moisture	☐ Check for incontinence (urinary, foecal) a minimum of every two hours, and as needed. ☐ Cleanse skin gently after each incontinent episode. ☐ Assess the stool, consistency, frequency & Communicate the issues of diarrhea to the physician and / or dietitian to evaluate potions for minimizing the diarrhea. ☐ Change linen once a day & as per requirement Remarks..	☐ Check for incontinence (urinary, foecal) a minimum of every two hours, and as needed. ☐ Cleanse skin gently after each incontinent episode. ☐ Assess the stool, consistency, frequency & Communicate the issues of diarrhea to the physician and / or dietitian to evaluate potions for minimizing the diarrhea. ☐ Change linen once a day & as per requirement Remarks..	☐ Check for incontinence (urinary, foecal) a minimum of every two hours, and as needed. ☐ Cleanse skin gently after each incontinent episode. ☐ Assess the stool, consistency, frequency & Communicate the issues of diarrhea to the physician and / or dietitian to evaluate potions for minimizing the diarrhea. ☐ Change linen once a day & as per requirement ☐ Remarks..
Maintain Adequate Nutrition/ Hydration	☐ Provide nutrition as per patient's condition. ☐ Alert doctor when nourishment is delayed ☐ Provide prompt food and fluids following a procedure in which nutrition has been withheld. ☐ Consult/refer with doctor/dietician when nutrition score on either Braden Scale or patient's condition indicates. ☐ Encouraging intake of supplements/fluids as medically indicated Remarks..	☐ Provide nutrition as per patient's condition. ☐ Alert doctor when nourishment is delayed ☐ Provide prompt food and fluids following a procedure in which nutrition has been withheld. ☐ Consult/refer with doctor/dietician when nutrition score on either Braden Scale or patient's condition indicates. ☐ Encouraging intake of supplements/fluids as medically indicated Remarks..	☐ Provide nutrition as per patient's condition. ☐ Alert doctor when nourishment is delayed ☐ Provide prompt food and fluids following a procedure in which nutrition has been withheld. ☐ Consult/refer with doctor/dietician when nutrition score on either Braden Scale or patient's condition indicates. ☐ Encouraging intake of supplements/fluids as medically indicated Remarks..

Do Care plan as per Risk : Very High Risk /High Risk -In each shift, Moderate Risk- Morning & Night Shift, Low Risk- Evening Shift

Mata Chanan Devi Hospital

Pressure Ulcer Prevention & Management Plan

Patient name: Hari Ram IP: 145796 UHID: 818544

Risk Factor	21/6 Care Plan	Care Plan	Care Plan
Minimize or Eliminate Friction and Shear	☑ Maintain bed head at, or below, 30 degrees, or lowest possible level based on medical condition after ruling out contraindication ☑ Keep skin clear and dry. Remarks.....	☐ Maintain head of bed at, or below, 30 degrees, or lowest possible level based on medical condition after ruling out contraindication ☐ Keep skin clear and dry. Remarks.....	☐ Maintain head of bed at, or below, 30 degrees, or lowest possible level based on medical condition after ruling out contraindication ☐ Keep skin clear and dry. Remarks.....
Minimize Pressure	☑ Limit the number of layers/wrinkles between the support surface and patient. ☑ Check wires of medical devices are not beneath the patient ☑ Maintain or enhance patient's level of activity. ☑ Turn at least every two hours. Remarks.....	☐ Limit the number of layers/wrinkles between the support surface and patient. ☐ Check wires of medical devices are not beneath the patient ☐ Maintain or enhance patient's level of activity. ☐ Turn at least every two hours. Remarks.....	☐ Limit the number of layers/wrinkles between the support surface and patient. ☐ Check wires of medical devices are not beneath the patient ☐ Maintain or enhance patient's level of activity. ☐ Turn at least every two hours. Remarks.....
Manage Moisture	☑ Check for incontinence (urinary, foecal) a minimum of every two hours, and as needed. ☑ Cleanse skin gently after each incontinent episode. ☑ Assess the stool, consistency, frequency & Communicate the issues of diarrhea to the physician and / or dietitian to evaluate potions for minimizing the diarrhea. ☑ Change linen once a day & as per requirement Remarks.....	☐ Check for incontinence (urinary, foecal) a minimum of every two hours, and as needed. ☐ Cleanse skin gently after each incontinent episode. ☐ Assess the stool, consistency, frequency & Communicate the issues of diarrhea to the physician and / or dietitian to evaluate potions for minimizing the diarrhea. ☐ Change linen once a day & as per requirement Remarks.....	☐ Check for incontinence (urinary, foecal) a minimum of every two hours, and as needed. ☐ Cleanse skin gently after each incontinent episod ☐ Assess the stool, consistency, frequency & Communicate the issues of diarrhea to the physician and / or dietitian to evaluate potions for minimizing the diarrhea. ☐ Change linen once a day & as per requirement ☐ Remarks.....
Maintain Adequate Nutrition/ Hydration	☐ Provide nutrition as per patient's condition. ☐ Alert doctor when nourishment is delayed ☐ Provide prompt food and fluids following a procedure in which nutrition has been withheld. ☐ Consult/refer with doctor/dietician when nutrition score on either Braden Scale or patient's condition indicates. ☐ Encouraging intake of supplements/fluids as medically indicated Remarks.....	☐ Provide nutrition as per patient's condition. ☐ Alert doctor when nourishment is delayed ☐ Provide prompt food and fluids following a procedure in which nutrition has been withheld. ☐ Consult/refer with doctor/dietician when nutrition score on either Braden Scale or patient's condition indicates. ☐ Encouraging intake of supplements/fluids as medically indicated Remarks.....	☐ Provide nutrition as per patient's condition. ☐ Alert doctor when nourishment is delayed ☐ Provide prompt food and fluids following a procedure in which nutrition has been withhel ☐ Consult/refer with doctor/dietician when nutrit score on either Braden Scale or patient's condi indicates. ☐ Encouraging intake of supplements/fluids as medically indicated Remarks.....

Do Care plan as per Risk : Very High Risk /High Risk -In each shift, Moderate Risk- Morning & Night Shift, Low Risk- Evening Shift

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
om/Ward : G 30-11 ICCU WARD GROUND FLOOR
DA/TOA : 19/06/2018 7.39 AM PRIVATE
it/Cons : GSR-2
ating Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

MATA CHAHAN DEVI HOSPITAL CDH

BRADEN

Patient Name .....

VERYHIGH RISK: Total score 9 or below **HIGH RISK**: Total score 10-12
MODERATE RISK: Total score 13-14 **LOW RISK**: Total score 15-18

RISK FACTOR	SCORE/DESCRIPTION				DATE OF ASSESS 21/6	23/6	25/6	
SENSORY PERCEPTION Ability to respond meaningfully to pressure-related discomfort	**1. COMPLETELY LIMITED** Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation, OR limited ability to feel pain over most of body surface.	**2. VERY LIMITED** Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness, OR has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body.	**3. SLIGHTLY LIMITED** Responds to verbal commands but cannot always communicate discomfort or need to be turned, OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	**4. NO IMPAIRMENT** Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.	3	3	3	
MOISTURE Degree to which skin is exposed to moisture	**1. CONSTANTLY MOIST** - Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned.	**2. OFTEN MOIST** Skin is often but not always moist.	**3. OCCASIONALLY MOIST** Skin is occasionally moist, requiring an extra linen change approximately once a day.	**4. RARELY MOIST** Skin is usually dry; linen only requires changing at routine intervals.	2	2	2	
ACTIVITY Degree of physical activity	**1. BEDFAST** Confined to bed.	**2. CHAIRFAST** Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	**3. WALKS OCCASIONALLY** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. WALKS FREQUENTLY** Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	1	1	1	
MOBILITY Ability to change and control body position	**1. COMPLETELY IMMOBILE** Does not make even slight changes in body or extremity position without assistance.	**2. VERY LIMITED** Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	**3. SLIGHTLY LIMITED** Makes frequent though slight changes in body or extremity position independently.	**4. NO LIMITATIONS** Makes major and frequent changes in position without assistance.	2	2	2	
NUTRITION Usual food intake pattern 1NPO : Nothing by mouth. 2IV: Intravenously. 3TPN: Total parenteral nutrition.	**1. VERY POOR** Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO1 and/or maintained on clear liquids or IV2 for more than 5 days.	**2. PROBABLY INADEQUATE** Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than optimum amount of liquid diet or tube feeding.	**3. ADEQUATE** Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally refuses a meal, but will usually take a supplement if offered, OR is on a tube feeding or TPN3 regimen, which probably meets most of nutritional needs.	**4. EXCELLENT** Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	2	2	2	
FRICTION AND SHEAR	**1. PROBLEM** - Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation leads to almost constant friction.	**2. POTENTIAL PROBLEM** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	**3. NO APPARENT PROBLEM** Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		2	2	2	

ASSESS.	Date	Score	Nursing Staff sign	ASSESS.	Date	Score	Nursing Staff sign
1	21/6	12	[illegible]	3	25/6	12	[illegible]
2	23/6	12	[illegible]	4			

Assessment: Very High Risk /High Risk-Daily, Moderate Risk- Daily, Low Risk-Alternate day

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI-110058
Ph. : 45582000, 25554702, 25610009, Fax: 25544001

BUNDLE CARE- CAUTI

Patient's name Hari Ram IP 145190 UHID 818544 Date 19/6/18

Ward/department POP Treating Doctor

Insertion care bundle	19/6
There is appropriate indication for catheterization	☑ Yes ☐ No
Only sterile Foleys catheter / sterile equipment(catheterization tray) were used for this procedure	☑ Yes ☐ No
Catheter inserted using strict aseptic non touch technique	☑ Yes ☐ No
Only appropriate sized catheter was used	☑ Yes ☐ No
Closed drainage system was used	☑ Yes ☐ No

Maintenance bundle	D-1 19/6	D-2 20/6	D-3 21/6	D-4 22/6	D-5	D-6 24/6	D-7 25/6
Aseptic technique was used for catheter care (Hand hygiene followed and sterile materials and equipments used)	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N
Closed drainage system was not broken. Urine specimen was taken aseptically via the sampling port	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N
Drainage bag is kept above the floor but below bladder level	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N
Review for the need of catheter was done	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N
Checked by : Name / Sign							

Maintenance bundle	D-8 26/6	D-9 27/6	D-10 28/6	D-11 29/6	D-12	D-13	D-14
Aseptic technique was used for catheter care (Hand hygiene followed and sterile materials and equipments used)	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Closed drainage system was not broken. Urine specimen was taken aseptically via the sampling port	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Drainage bag is kept above the floor but below bladder level	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Review for the need of catheter was done	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☑ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Checked by : Name / Sign		Oshi	Jyoti	Oshi			

Summary of strategies to prevent catheter associated urinary tract infection

S.No.	Entry point for bacteria	Preventive measures
1.	External urethral meatus and urethra	Pass catheter when bladder is full for wash out effect
	Bacteria carried into bladder during insertion of catheter	Before catheterization prepare urinary meatus with an antiseptic (e.g. 0.5 - 2% Chlorohexidine)
		Inject single use sterile lubricant gel or use 2% lignocaine anaesthetic gel into urethra and hold there for 3 min before inserting catheter
		Use sterile catheter
		Use non touch technique for insertion
		Keep periurethral area clean and dry; bladder wash and ointments are of no value
	Ascending colonization/ infection up urethra around outside of catheter	Secure catheter to prevent movement in urethra
		After faecal incontinence, clean area and change catheter
2.	Junction between catheter and drainage tube	Do not disconnect catheter unless absolutely necessary
		Always use aseptic technique for irrigation
		For urine specimen collection, disinfect, sampling port by applying alcoholic impregnated wipe and allow it to dry completely, then aspire urine with sterile needle and syringe
3.	Junction between drainage tube and collection bag	Drainage tube should be welded to inlet of bag during manufacture
	Disconnection	Drip chamber or non return valve at inlet to bag
	Reflux from bag into catheter	Keep bag below level of bladder. If it is necessary to raise collection bag above bladder level for a short period, drainage tube must be clamped temporarily
		Empty bag every 8h or earlier if full
		Do not hold bag upside down when emptying
4.	Tap at bottom of collection bag	Collection bag must never touch floor
	Emptying of bag	Always wash or disinfect hands with an alcoholic hand rub before and after opening tap
		Use a separate disinfected jug to collect urine from each bag
		Don't instill disinfectant/antiseptic into urinary bag after emptying

Mata Chanan Devi Hospital

SWABS / NEEDLE / INSTRUMENT COUNT

Patient Name Dr. Hari Ram.
I.P. 145190.
Surgeon Dr. Vimal Kumar Jain.
Operation Room No. OT-1
Anaesthetist Dr. Chandrashekhar.
Name of Surgery Laparotomy.
Scrub Nurse Sr. Valsa
Surgery Start Time 6.30 pm.
Circulating Nurse Sr. Anitta.
Surgery End Time 7.45 pm.
Technician Mr. Rajesh.

Item	Initial count (Pre-op)	Additional Count				Closure count (before cavity closure)	Additional Count	Final Count (before skin closure)
Sponge	5					5	5	5
Gauge	10.					10	10	10
Peanuts	—					—	—	—
Artery Forceps Curved	2.					2	2	2
Artery Forceps St								
Mosquito forceps	4.					4	4	4
Allis forceps	4.					4	4	4
Babkock forceps								
Bulldog clamps								
Hypodermic Needle								
Atraumatic Needle	5					5	5	5
Free Needle								
Blades	2.					2	2	2.
Other								

Net Count				
Sponge Count	Correct	☑	Incorrect	☐
Gauge Count	Correct	☑	Incorrect	☐
Needle Count	Correct	☑	Incorrect	☐
Sharp Count	Correct?	☑	Incorrect	☐
Instrument Count	Correct	☑	Incorrect	☐

All counts are Ok ☑
Surgeon informed ☑

Valsa
Scrub Nurse's Sign

Circulating Nurse's Sign

Surgeon's Sign

MATA CHANAN DEVI HOSPITAL

MEDICATION RECONCILATION DURING TRANSITION

Patient Name Hari Ram UHID 818544 IP 145190

Transfer		Time	Dept			
Inhouse	Discharge		From			
			To			
S.No	MEDICINES	Dose	Route	Freq	Available in current pt Medicine Tray	Remarks
1.	Inj Piptaz	4.5gm	IV	3.		
2.	Inj Emeslt	4mg	IV	2		
3.	Inj Pan	40mg	IV	2		
4.	Inj Tramadol	2ml	IV	2.		
5.	Tab Brand	8mg	P/O	6.		
6	Amlodipine	5mg	P/O	5		

Hand Over Given By: NAME Preatima Sign Preatima

Hand Over Taken By : NAME..... Sign.....

MCDH/IPD/Medication Reconcilation /F-209C/ver-3/Mar'18

Mata Chanan Devi Hospital

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NABL ACCREDITED M-0375

RECORD OF DOCTOR'S VISITS

NAME OF PATIENT	UHID No.	ROOM NO.	BED NO.
Hari Ram	818544	NH	321
	I. P. No. 14540		

Date	Time	Name of Doctor	Type of Visit M	Type of Visit A	Type of Visit N	Doctor's Sig.	Procedure Done Brief Notes
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
19/6/18	M	CSR-II					
19/6/18	M	Anest II				Shady	PAC
		Dr M. Ratra					
19/6/18	E	Surg-2					
20/6/18	M	Sug-2					
20/6/18	E	Surg II					
21/6/18	M	Dr Kochar					39
21/6/18	M	Sug-II					
21/6	M	GLD					
21/6	E	Surg II					
21/6	E	Des-2					PAC
		Dr Sayal					
22/6	M	CSR-II					

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
22/6	(E)	GSR - II					
23/6	(M)	GSR - II					
23/6/18	3.30pm	DR SUMANA BOSE					
23/6	(E)	Surg II					
24/6	(M)	GSR - II					
24/6.	(E)	GSR - II					
25/6	(M)	GSR - II					
25/6/18	10.20 Am	Dr Sumana Bose					
25/6/18	(E)	GSR II					
25-6-18		Dr. Chandramani / Dr. Arant					
26/6/18	(M)	GSR - II					
26/6/18	10 Am	Dr Sumana Bose					
26-6-18		Dr. Chandramani / Dr. Arant					
26/6/18	(E)	GSR - II					
27/6/18	(M)	GSR - II					
27/6/18	(E)	Surg II					
27-6-18		Dr. Chandramani / Dr. Arant					
28/6/18	(M)	Surg - II					
28/6/18		Dr. Chandramani / Dr. Arant					
28/6/18	(E)	Surg - II					
29/6/18	(M)	Surg - II					

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BILLING PAGE FOR

(BE (25439) OT CHARGES ETC)

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA
Room/Ward : S243 -01 PRIVATE WARD SECOND FLOOR
DOA/TOA : 19/06/2018 7:39 AM PRIVATE

Patient's Name..... Age..... Sex.....

Indoor Regn. No..... d..... Pvt./Semi-Pvt./Economy

Indoor Stay.....

S. No.	19/6/18 ITEM	RATE	AMOUNT
	Pt. rcd from the Reception at 08:05 am		
19/6/18	Charges for SAB ↓ Dr. M. Ratra amount II		
~~19/6/18~~	~~B/L Inguinal Herniophasty = CGR-II~~		
20/6/18	physio - VIBRATOR		
21/6	physio - gaitraining		
21/6	Charges for G.A. ↓ Dr. Singla Anes-I		
21/6	~~Exploratory Laparotomy + Resection and Anastomosis~~ (GEN 398)	Surg-2	

MCDH/Billing/Procedure/F-12/ver-1/oct-11

S. No.	ITEM	RATE	AMOUNT
21/6	physio - VIBRATOR - [illegible]		
21/6	~~Pt received from OT to ICCU at 8:30 pm~~		
22/6	physio - VIBRATOR [illegible] + Breathing [illegible]		
22/6	physio - Gait training [illegible]		
23/6	physio - VIBRATOR [illegible] + Breathing Ex [illegible]		
23/6	physio - Gait training [illegible]		
24/6	physio - VIBRATOR [illegible]		
25/6	physio - Breathing [illegible] + Gait Training [illegible]		
25/6	physio - VIBRATOR [illegible]		
26/6	physio - VIBRATOR [illegible]		
26/6	~~Pt shifted to Ward at 3pm~~		
26/6	physio - VIBRATOR [illegible]		
27/6	physio - VIBRATOR [illegible]		
27/6	physio - VIBRATOR [illegible]		
28/6	physio - VIBRATOR [illegible]		
29/6	physio - VIBRATOR [illegible]		
28/6/18	~~DPT charges by Dr Chandramani / Dr Anant~~		

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

NABL ACCREDITED M-0375

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

(ALL INVESTIGATIONS, CT-SCAN ETC.)

Patient's Name..... Sex.....

Indoor Regn. No..... Ward..... Pvt./Semi-Pvt./Economy

Indoor Stay.....

S. No.	ITEM	RATE	AMOUNT
26/6	CBC, RFT, RBS		
26/6	Cerebrospinal fluid		
27/6	S. elect		
28/6	S. electrolyte.		
28/6/18	X-Ray chest AP Bed Side		

MCDH/Billing/Investigatation/F-14/ver-1/oct-11

S. No.	ITEM	RATE	AMOUNT

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified
C-1, JANAK PURI, NEW DELHI - 110058
Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

NABL ACCREDITED M-0375

BILLING PAGE FOR

(ALL INVE ... R-DOPPLER, CT-SCAN ETC.)

Patient's Name..... ge..... Sex.....

Indoor Regn. No.....

Indoor Stay..... .....Pvt./Semi-Pvt./Economy

(25-159)

CR NO.	: 818544	IP NO.	: 145190
Name	: Mr./HARI RAM/83/Yrs/MALE		
Panel	: RAKSHA TPA		
Room/Ward	: S243 -01 PRIVATE WARD SECOND FLOOR		
DOA/TOA	: 19/06/2018 7.39 AM PRIVATE		
Unit/Cons	: GSR-2		
Admiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DM		

S. No.	ITEM	RATE	AMOUNT
19/6	B/S U-S-G-W		
19/6	X-ray Abdomen Sitting Erect		
20/6	S. electrolyte. S. calcium		
20/6	KFT, CBC		
20/6	ECG		
~~20/6~~	~~X-Ray (R) humerus 2 B/L~~		
21/6	ABG		
21/6	X-Ray Chest AP B/L		
21/6	Intestine For HPE		
22/6	CBC, KFT, ABG		
22/6	X-ray Chest AP B/S (P)		
21/6	2 O FFP transfused		
21/6	ECG		
22/6	LFT, U_r, C_r, S		
23/6	Hb, TLC, DLC, KFT		
24/6	CBC, KFT		
24/6	X-ray Chest AP B/S (P)		
25/6	CBC KFT		
25/6	ABG		

S. No.	ITEM	RATE	AMOUNT
	RBS		
20/6	(1)		
23/6	RBS-(1)		
24/06	RBS (1)		
25/6	RBS 1		
25/6	Jpeed exp — mr Beel side — (1)		
	Nebulization		
22/6	(1) + (1) + (1)		
23/06	Neb^n (1) + (1) + (1)		
24/06	Neb^n (1) + (1) + (1)		
25/6	Neb — 1 + (1)		

MATA CHANAN DEVI HOSPITAL

ISO 9001 : 2008 Certified

C-1, JANAK PURI, NEW DELHI - 110058

Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

NABL ACCREDITED M-0375

BILLING PAGE FOR

(MEDICINES & MATERIALS)

Patient's Name: Ram Ram Age: 83y Sex: M

Indoor Regn. No.: 145190 Ward: NH Pvt./Semi-Pvt./Economy

Indoor Stay:

S. No.	ITEM	RATE	AMOUNT	
21/6/18	Isoflurane charges. Bill No - PHOB/800041/9.			

MCDH/Billing/Medicine&materials/F-13ver-1oct-11

S. No.	ITEM	RATE	AMOUNT

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI Ph.: 45582000, 25554782, 25554487, 25610008, 25610009 Fax : 25544001

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190
UHID :- 818544
Patient Name : :- Mr. HARI RAM
Relation to Proposer:- Self
Relative Name :- S/O LATE MR BALLEY SINGH
Patient Adress :- B-79 OLD JANAKI PURI
Discharge Type :- Normal Discharge
Pay Type :- SEMI PRIVATE
Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
		ACCOMMODATION CHARGES				
1	21/06/2018	ICCU		6,000.00	0.00	6,000.00
2	22/06/2018	ICCU		6,000.00	0.00	6,000.00
3	23/06/2018	ICCU		6,000.00	0.00	6,000.00
4	24/06/2018	ICCU		6,000.00	0.00	6,000.00
5	25/06/2018	ICCU		6,000.00	0.00	6,000.00
8	26/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
9	27/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
10	28/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
		ACCOMMODATION CHARGES :		**39,000**	**0**	**39,000**
		CONSULTANT CHARGES				
3	25/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	750.00	0.00	750.00
4	26/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
5	27/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
6	28/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
7	25/06/2018	CRITICAL CARE (Dr.SUMANA BOSE)	1	750.00	0.00	750.00
8	26/06/2018	CRITICAL CARE (Dr.SUMANA BOSE)	1	550.00	0.00	550.00
9	20/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
10	20/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
11	21/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
12	21/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
13	22/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
14	22/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
15	23/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
16	23/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
17	24/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
18	24/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
19	25/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
20	25/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
21	26/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
22	26/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
23	27/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
24	27/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
25	28/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
26	28/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
27	29/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
29	29/06/2018	NEURO-1 (Dr.RENU ACHTANI (DMC 17765),Dr.SAMUDRALA RAGHAVAN (DMC 67532))	1	550.00	0.00	550.00
		CONSULTANT CHARGES :		14,100	0	14,100

Mahashay Dharampal Heart Institute

For Interventional & Non Interventional Cardiology - Angiography, Angioplasty, By-pass Surgery

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/MPI/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	DIAGNOSTIC CHARGES					
4	20/06/2018	CBC (COMPLETE BLOOD COUNTS)	1	0.00	0.00	0.00
5	20/06/2018	SERUM CALCIUM	1	0.00	0.00	0.00
6	20/06/2018	SERUM ELECTROLYTES	1	0.00	0.00	0.00
7	20/06/2018	KFT (KIDNEY FUNCTION TEST)	1	0.00	0.00	0.00
8	21/06/2018	CBC (COMPLETE BLOOD COUNTS)	0	0.00	0.00	0.00
9	21/06/2018	HISTOPATHOLOGY-MEDIUM SIZE TISSUE	0	0.00	0.00	0.00
10	21/06/2018	SERUM MAGNESIUM	0	0.00	0.00	0.00
11	21/06/2018	KFT (KIDNEY FUNCTION TEST)	0	0.00	0.00	0.00
12	21/06/2018	BLOOD GAS ANALYSIS (ABG)	0	0.00	0.00	0.00
13	21/06/2018	IONISED CALCIUM	0	0.00	0.00	0.00
14	22/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
15	22/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
16	22/06/2018	LABBIO07LFT (PROFILES)	1	840.00	0.00	840.00
17	22/06/2018	LABMIC05URINE CULTURE*	1	480.00	0.00	480.00
18	22/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
19	22/06/2018	LABCP22 URINE ROUTINE & MICROSCOPIC	1	100.00	0.00	100.00
20	22/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
21	23/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
22	23/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
23	23/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
24	24/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
25	24/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
26	24/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
27	25/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
28	25/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Registration No. D[illegible]/84

Bill Of Supply

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge		
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
		I-Card No.	:- UIC545146669OBCA
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

TPA CCN :- 545221819094227/3194230 **Total Authorization : (Rs)** 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
29	25/06/2018 LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
30	25/06/2018 LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
31	26/06/2018 LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
32	26/06/2018 LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
33	26/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
34	26/06/2018 LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
35	27/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
36	27/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
37	28/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
39	19/06/2018 ABDOMEN ERECT	0	0.00	0.00	0.00
40	21/06/2018 CHEST AP/PA	0	0.00	0.00	0.00
41	22/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
42	[illegible]/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
43	25/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
44	26/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
45	28/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
	DIAGNOSTIC CHARGES :		**14,190**	**0**	**14,190**
	PACKAGE CHARGES				
1	19/06/2018 GIPSA002LAP INGUINAL HERNIOPLASTY-BILATERAL+COST OF MESH EXTRA (GIPSA)	1	41,400.00	0.00	41,400.00
	PACKAGE CHARGES :		**41,400**	**0**	**41,400**
	PHARMACY				
	OT 1				

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. [illegible]84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
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I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
1	19/06/2018	VERFEN (FENTANYL CITRATE) 2ML INJ (HR)	1	0.00	0.00	0.00
2	21/06/2018	ISOFLORIN/FORANE--250ML	0	248.85	0.00	248.85
3	21/06/2018	VERFEN (FENTANYL CITRATE) 2ML INJ (HR)	1	46.00	0.00	46.00
		OT STORE				
4	19/06/2018	PREMILENE MESH(10CM*15CM) (4X6)B/BRAUN	1	2,500.00	0.00	2,500.00
5	19/06/2018	PREMILENE MESH(7.5CM*15CM) 3*6(82G/M2)	1	1,800.00	0.00	1,800.00
6	19/06/2018	ETHILON 2-0(NW-3336) R/C	2	0.00	0.00	0.00
7	19/06/2018	DAFILON 3-0 (G0935352IN) C/C 3328	1	0.00	0.00	0.00
8	19/06/2018	GLOVES 6.5" (SURGICARE)	3	0.00	0.00	0.00
9	19/06/2018	VICRYL 2-0(NW--2317)R/B	2	0.00	0.00	0.00
10	[illegible]06/2018	GLOVES 7.5"(SURGICARE)	4	0.00	0.00	0.00
11	19/06/2018	PLAIN SHEET 200X120CM (D301)	2	0.00	0.00	0.00
12	19/06/2018	PROLENE 2-0 (NW 844) R/B	1	0.00	0.00	0.00
13	19/06/2018	BANDAGE--6"	1	0.00	0.00	0.00
14	19/06/2018	GLOVES 7.5"(SURGICARE)	2	0.00	0.00	0.00
15	19/06/2018	ANAWIN HEAVY (BUPIVACAINE) 0.5% 4.0ML INJ	2	0.00	0.00	0.00
16	19/06/2018	ECG ELECTRODS (NIKO)	3	0.00	0.00	0.00
17	19/06/2018	VOLUVEN 500ML I/V	1	0.00	0.00	0.00
18	19/06/2018	PHENPRES(PHENYLEPHRINE HCL) 10MG INJ	1	0.00	0.00	0.00
19	19/06/2018	OXYGEN MASK(A) POLYMED	1	0.00	0.00	0.00
20	19/06/2018	NS--500ML (ALBERT DAVID) I/V	3	0.00	0.00	0.00
21	19/06/2018	LOXICARD (LIGNOCAINE)--50ML VIALS	1	0.00	0.00	0.00
22	19/06/2018	TAZOWIN (PENTAZOCINE LACTATE)--1.0ML (EMR) (H1) INJ	1	0.00	0.00	0.00
23	19/06/2018	GLOVES 6.5" (SURGICARE)	2	0.00	0.00	0.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(MATA CHANAN DEVI HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Registration No. DHS/AH/84

Bill Of Supply

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Discharge Type	:- Normal Discharge	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
24	19/06/2018	I.V.SET (POLYMED)	1	0.00	0.00	0.00
25	19/06/2018	SPINAL NEEDLE 26G (BD)	2	0.00	0.00	0.00
26	22/06/2018	VICRYL 2-0(NW--2317)R/B	2	1,190.00	0.00	1,190.00
27	22/06/2018	SKIN STAPLER (COVIDIEN)	1	900.00	0.00	900.00
28	22/06/2018	PDS II 1 (NW 9262) LOOP 1/2 CIRCLE	1	764.00	0.00	764.00
29	22/06/2018	SURGEON GOWN SMS	2	350.00	0.00	350.00
30	22/06/2018	MERSILK 3-0(NW 5087)R/B	2	224.00	0.00	224.00
31	22/06/2018	NEOSPORIN--5.0GM OINTMENT	1	37.25	0.00	37.25
		PHARMACY 1				
32	19/06/2018	SYRINGE 2ML(DISPOVAN)	2	0.00	0.00	0.00
33	19/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	1	0.00	0.00	0.00
34	19/06/2018	NS 100ML (SPPL)	2	0.00	0.00	0.00
35	19/06/2018	RL 500ML (ALBERT DAVID)	2	0.00	0.00	0.00
36	19/06/2018	RYLES TUBE NO. 16 (POLYMED)	1	0.00	0.00	0.00
37	19/06/2018	SYRINGE 20ML(DISPOVAN)	1	0.00	0.00	0.00
38	19/06/2018	SYRINGE 2ML(DISPOVAN)	4	0.00	0.00	0.00
39	19/06/2018	UROBAG ADULT (POLYMED)	2	0.00	0.00	0.00
40	19/06/2018	VACCU SUCTION SET (POLYMED)	1	0.00	0.00	0.00
41	19/06/2018	GLOVES EXAMINATION (LATEX)	12	0.00	0.00	0.00
42	19/06/2018	FOLEYS CATHETER (16) 2WAY (POLYMED)	1	0.00	0.00	0.00
43	19/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	2	0.00	0.00	0.00
44	19/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	0.00	0.00	0.00
45	19/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
46	19/06/2018	LOX (LIGNOCAINE 2% JELLY)--30G JELLY	2	0.00	0.00	0.00
47	19/06/2018	NS 500ML (AXA)	2	0.00	0.00	0.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

(NABH & NABL ACCREDITED HOSPITAL)

Registration No. DHS/KP/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
48	19/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
49	20/06/2018	DUOLIN (2.5ML) RESP. (EMR)	10	0.00	0.00	0.00
50	20/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	0.00	0.00	0.00
51	20/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	2	0.00	0.00	0.00
52	20/06/2018	SYRINGE 10ML(DISPOVAN)	5	0.00	0.00	0.00
53	20/06/2018	SYRINGE 1ML(DISPOVAN) 40IU	2	0.00	0.00	0.00
54	20/06/2018	SYRINGE 5ML(DISPOVAN)	4	0.00	0.00	0.00
55	20/06/2018	I.V CANNULA 20G (POLYMED)	1	0.00	0.00	0.00
56	20/06/2018	NEEDLE DISPO (26G) DISPOVAN	1	0.00	0.00	0.00
57	20/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	2	0.00	0.00	0.00
58	20/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	0.00	0.00	0.00
59	2[illegible]/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	2	0.00	0.00	0.00
60	20/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	0.00	0.00	0.00
61	20/06/2018	DNS 500ML (INFUTEC)	1	0.00	0.00	0.00
62	20/06/2018	GLOVES EXAMINATION (LATEX)	6	0.00	0.00	0.00
63	20/06/2018	RL 500ML (ALBERT DAVID)	1	0.00	0.00	0.00
64	20/06/2018	MEFTAL---250MG TAB	3	0.00	0.00	0.00
65	20/06/2018	MEZOLAM (MIDAZOLAM)--5.0ML VIALS (HR) (H1)	1	0.00	0.00	0.00
66	20/06/2018	NS 100ML (SPPL)	3	0.00	0.00	0.00
67	20/06/2018	REDOTIL (RACECADOTRIL)--100MG CAP	8	0.00	0.00	0.00
68	20/06/2018	RL 500ML (ALBERT DAVID)	2	0.00	0.00	0.00
69	20/06/2018	SYRINGE 10ML(DISPOVAN)	5	0.00	0.00	0.00
70	20/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	0.00	0.00	0.00
71	20/06/2018	TAZOWIN (PENTAZOCINE LACTATE)--1.0ML (EMR) (H1) INJ	3	0.00	0.00	0.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

(NABH & NABL ACCREDITED HOSPITAL)

GSTNo. 07AATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Discharge Type	:- Normal Discharge	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
72	20/06/2018	VIZYLAC CAP	8	0.00	0.00	0.00
73	20/06/2018	HEXIDINE (80ML) MOUTH WASH	1	0.00	0.00	0.00
74	20/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	0.00	0.00	0.00
75	20/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	8	0.00	0.00	0.00
76	21/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	3	1,020.00	0.00	1,020.00
77	21/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	2	855.38	0.00	855.38
78	21/06/2018	A DRAIN KIT (32) ROMSONS	2	704.00	0.00	704.00
79	21/06/2018	HME FILTER FOR VENTILATOR CIRCUIT (LIFESOL)	1	550.00	0.00	550.00
80	21/06/2018	PLAIN SHEET 200X120CM (D301)	2	420.00	0.00	420.00
81	21/06/2018	ATRAPURE (ATRACURIUM)--2.5ML INJ (HR)	3	395.16	0.00	395.16
82	21/06/2018	VACCU SUCTION SET (POLYMED)	1	372.00	0.00	372.00
83	2[illegible]/2018	BI---CONNECTOR (LAMED)	1	350.00	0.00	350.00
84	21/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
85	21/06/2018	NS 1000ML (AXA)	6	285.42	0.00	285.42
86	21/06/2018	OXYGEN MASK(A) POLYMED	1	262.00	0.00	262.00
87	21/06/2018	AIRWAY NEBULIZER WITH T CON	1	250.00	0.00	250.00
88	21/06/2018	BLOOD SET (LAMED)	2	238.00	0.00	238.00
89	21/06/2018	ETHILON 2-0(NW-3336) R/C	1	197.00	0.00	197.00
90	21/06/2018	ET TUBE NO. 7.5 CUFF (PORTEX)	1	185.00	0.00	185.00
91	21/06/2018	PM LINE 200CM (POLYMED)	1	180.00	0.00	180.00
92	21/06/2018	MV SET (P.D.SET) POLYMED	1	178.00	0.00	178.00
93	21/06/2018	GLOVES 6.5" (SURGICARE)	3	147.00	0.00	147.00
94	21/06/2018	GLOVES 7.0"(SURGICARE)	3	147.00	0.00	147.00
95	21/06/2018	GLOVES 7.5"(SURGICARE)	3	147.00	0.00	147.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/MP/84

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Discharge Type	:- Normal Discharge	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
96 21/06/2018	NEOROF (PROPOFOL) (1%W/V)- 20ML NEON (HR)	1	146.25	0.00	146.25
97 21/06/2018	THREE WAY CANNULA (POLYMED)	1	130.00	0.00	130.00
98 21/06/2018	I.V.SET (POLYMED)	1	118.00	0.00	118.00
99 21/06/2018	OFLOGLAN (OFLOXACIN)--100ML 200MG I/V	1	105.00	0.00	105.00
10021/06/2018	RL 500ML (ALBERT DAVID)	2	95.38	0.00	95.38
10121/06/2018	ECG ELECTRODS (NIKO)	5	90.00	0.00	90.00
10221/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	4	85.00	0.00	85.00
10321/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	5	84.95	0.00	84.95
10421/06/2018	ANAWIN 0.5% 20ML INJ(BUPIVACAINE HCL)	1	79.25	0.00	79.25
10521/06/2018	TRANEMIC (TRAXENAMIC ACID)--500MG/5.0ML INJ	1	71.13	0.00	71.13
1062[illegible]/2018	SYRINGE 50ML(DISPOVAN)	2	70.00	0.00	70.00
10721/06/2018	SYRINGE 10ML(DISPOVAN)	8	68.00	0.00	68.00
10821/06/2018	DNS 500ML (INFUTEC)	2	64.52	0.00	64.52
10921/06/2018	SUCTION CATH NO 14 (POLYMED)	1	56.00	0.00	56.00
11021/06/2018	NORAD (NORADRENALINE) 2MG/2ML INJ (HR)	1	52.35	0.00	52.35
11121/06/2018	SUCTION CATH. NO 10 (POLYMED)	1	51.50	0.00	51.50
11221/06/2018	PYROLATE (GLYCOPYROLATE)--1.0ML INJ	4	47.80	0.00	47.80
11321/06/2018	SUCOL (SUCCINYL CHOLINE)--10ML VIALS (HR)	1	46.03	0.00	46.03
11421/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
11521/06/2018	SYRINGE 5ML(DISPOVAN)	6	39.00	0.00	39.00
11621/06/2018	SYRINGE 20ML(DISPOVAN)	2	36.00	0.00	36.00
11721/06/2018	SUCCICORT (HYDROCORTISONE)--100MG VIALS (EMR)	1	36.00	0.00	36.00
11821/06/2018	SYRINGE 50ML(DISPOVAN)	1	35.00	0.00	35.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/MH/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
11921/06/2018	SODABICARB (SODIUM BICARBONATE)--25ML INJ (HR)	1	32.76	0.00	32.76
12021/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
12121/06/2018	NS 500ML (AXA)	1	28.33	0.00	28.33
12221/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
12321/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
12421/06/2018	MYOSTIGMIN (NEOSTIGMINE)--1.0ML INJECTION	5	22.00	0.00	22.00
12521/06/2018	SYRINGE 2ML(DISPOVAN)	4	18.00	0.00	18.00
12621/06/2018	SYRINGE 10ML(DISPOVAN)	2	17.00	0.00	17.00
12721/06/2018	DUPAN (PANTOPRAZOLE)--40MG TAB	2	14.00	0.00	14.00
12821/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
12921/06/2018	MYOSTIGMIN (NEOSTIGMINE)--1.0ML INJECTION	2	8.80	0.00	8.80
13021/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	1	3.20	0.00	3.20
13122/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	680.00	0.00	680.00
13222/06/2018	LUNGCISER (LA-MED) (RESPICISER)	1	550.00	0.00	550.00
13322/06/2018	OFLIN (OFLOXACIN)--200MG/100ML IV	2	264.60	0.00	264.60
13422/06/2018	I.V CANNULA 20G (POLYMED)	2	262.00	0.00	262.00
13522/06/2018	BLOOD SET (LAMED)	2	238.00	0.00	238.00
13622/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
13722/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	4	81.80	0.00	81.80
13822/06/2018	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR)	2	49.26	0.00	49.26
13922/06/2018	HEXIDINE (80ML) MOUTH WASH	1	44.70	0.00	44.70
14022/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
14122/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
14222/06/2018	DUOLIN (2.5ML) RESP. (EMR)	4	42.36	0.00	42.36

MATA CHANAN DEVI HOSPITAL

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C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NR/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
14322/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
14422/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
14522/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
14622/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
14723/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
14823/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	10	169.90	0.00	169.90
14923/06/2018	I.V CANNULA 22G (POLYMED)	1	131.00	0.00	131.00
15023/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
15123/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
15223/06/2018	RL 500ML (ALBERT DAVID)	2	95.38	0.00	95.38
15323/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
1542[illegible]6/2018	DNS 500ML (INFUTEC)	2	64.52	0.00	64.52
1552[illegible]06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	3	63.75	0.00	63.75
15623/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	4	47.40	0.00	47.40
15723/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
15823/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
15923/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
16023/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
16123/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	1	21.25	0.00	21.25
16223/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	1	21.25	0.00	21.25
16323/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	5	13.25	0.00	13.25
16423/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	2	6.40	0.00	6.40
16524/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5.G VIALS	3	1,283.07	0.00	1,283.07
16624/06/2018	UROMETER (POLYMED)	1	400.00	0.00	400.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/MP/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
16724/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
16824/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	10	204.50	0.00	204.50
16924/06/2018	FOLEYS CATHETER (16) 2WAY (POLYMED)	1	173.00	0.00	173.00
17024/06/2018	DUOLIN (2.5ML) RESP. (EMR)	10	105.90	0.00	105.90
17124/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
17224/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
17324/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
17424/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
17524/06/2018	SYRINGE 50ML(DISPOVAN)	1	35.00	0.00	35.00
17624/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
17724/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
178[illegible]6/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
17925/06/2018	OXYGEN MASK(A) POLYMED	1	262.00	0.00	262.00
18025/06/2018	ARICEP (DONEPEZIL HCL)--10MG TAB	10	159.30	0.00	159.30
18125/06/2018	DNS 500ML (INFUTEC)	3	96.78	0.00	96.78
18225/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
18325/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
18425/06/2018	SYRINGE 10ML(DISPOVAN)	4	34.00	0.00	34.00
18525/06/2018	SYRINGE 5ML(DISPOVAN)	4	26.00	0.00	26.00
18625/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
18725/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
18825/06/2018	SYRINGE 2ML(DISPOVAN)	3	13.50	0.00	13.50
18926/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	6	2,566.14	0.00	2,566.14
19026/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	3	405.00	0.00	405.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(ARISH & NABH APPLIED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/AH/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
19126/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	2	270.00	0.00	270.00
19226/06/2018	GLOVES 7.5"(SURGICARE)	2	98.00	0.00	98.00
19326/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	90.40	0.00	90.40
19426/06/2018	ECG ELECTRODS (NIKO)	5	90.00	0.00	90.00
19526/06/2018	SYRINGE 10ML(DISPOVAN)	6	51.00	0.00	51.00
19626/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
19726/06/2018	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR)	1	24.55	0.00	24.55
19826/06/2018	SYRINGE 2ML(DISPOVAN)	4	18.00	0.00	18.00
19926/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
20026/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	1	11.85	0.00	11.85
20126/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	1	11.50	0.00	11.50
2022[illegible]6/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
20327/06/2018	MUCINAC (ACETYLCYSTEINE)--600MG TAB	8	176.00	0.00	176.00
20427/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
20527/06/2018	GLOVES EXAMINATION (LATEX)	10	62.00	0.00	62.00
20627/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
20727/06/2018	DUOLIN (2.5ML) RESP. (EMR)	4	42.36	0.00	42.36
20827/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	40.90	0.00	40.90
20927/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
21027/06/2018	SYRINGE 10ML(DISPOVAN)	4	34.00	0.00	34.00
21127/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	2	33.98	0.00	33.98
21227/06/2018	SYRINGE 5ML(DISPOVAN)	4	26.00	0.00	26.00
21327/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
21428/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/MH/84

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Discharge Type	:- Normal Discharge	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

TPA-CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
21528/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
21628/06/2018	MUCINAC (ACETYLCYSTEINE)--600MG TAB	4	88.00	0.00	88.00
21728/06/2018	SYRINGE 10ML(DISPOVAN)	6	51.00	0.00	51.00
21828/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
21928/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	40.90	0.00	40.90
22028/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
22128/06/2018	SYRINGE 5ML(DISPOVAN)	6	39.00	0.00	39.00
22228/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
22328/06/2018	DUOLIN (2.5ML) RESP. (EMR)	2	21.18	0.00	21.18
22428/06/2018	VOVERAN--D TAB	6	11.58	0.00	11.58
22528/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	4	10.60	0.00	10.60
226[illegible]06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
22729/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
22829/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
22929/06/2018	I.V CANNULA 22G (POLYMED)	1	131.00	0.00	131.00
23029/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	90.40	0.00	90.40
23129/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	60.00	0.00	60.00
23229/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	1	45.25	0.00	45.25
23329/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
23429/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
23529/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
	PHARMACY 2				
23619/06/2018	SYRINGE 5ML(DISPOVAN)	1	0.00	0.00	0.00
23719/06/2018	PERINORM (METACLOPROMIDE)--2.0ML INJ (EMR)	1	0.00	0.00	0.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

Registration No: DHS/MDP/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Discharge Type	:- Normal Discharge	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
23819/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	1	0.00	0.00	0.00
23919/06/2018	SYRINGE 10ML(DISPOVAN)	2	0.00	0.00	0.00
24019/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	1	0.00	0.00	0.00
24119/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	0.00	0.00	0.00
24219/06/2018	BD IV CANNULA NO. 22G	1	0.00	0.00	0.00
24320/06/2018	GLOVES EXAMINATION (LATEX)	8	0.00	0.00	0.00
24420/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	4	0.00	0.00	0.00
24520/06/2018	UROMETER (POLYMED)	1	0.00	0.00	0.00
24620/06/2018	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR)	1	0.00	0.00	0.00
24721/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
24821/06/2018	RL 500ML (ALBERT DAVID)	3	143.07	0.00	143.07
249[illegible]6/2018	I.V.SET (POLYMED)	1	118.00	0.00	118.00
25021/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	4	71.20	0.00	71.20
25121/06/2018	DULCOFLEX (A) SUPPOSITORY	3	68.97	0.00	68.97
25221/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
25321/06/2018	METRONIDAZOLE 100ML (AXA)	3	39.54	0.00	39.54
25421/06/2018	GLOVES EXAMINATION (LATEX)	6	37.20	0.00	37.20
25521/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	3	35.55	0.00	35.55
25621/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32:50
25721/06/2018	LOX (LIGNOCAINE 2% JELLY)--30G JELLY	1	31.80	0.00	31.80
25821/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	8	21.92	0.00	21.92
25921/06/2018	CALCIUM GLUCONATE--10ML INJ (HR)	2	21.50	0.00	21.50
26021/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	3	9.39	0.00	9.39

RETURNS

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
26119/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION		1	0.00	0.00	0.00
26219/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION		1	0.00	0.00	0.00
26329/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS		3	-1,283.07	0.00	-1,283.07
26429/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V		2	-680.00	0.00	-680.00
26529/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V		3	-405.00	0.00	-405.00
26629/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V		1	-340.00	0.00	-340.00
26729/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS		3	-135.60	0.00	-135.60
26829/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)		3	-63.75	0.00	-63.75
26929/06/2018	SYRINGE 10ML(DISPOVAN)		5	-42.50	0.00	-42.50
270[illegible]6/2018	SYRINGE 5ML(DISPOVAN)		5	-32.50	0.00	-32.50
27129/06/2018	METRONIDAZOLE 100ML (AXA)		2	-27.26	0.00	-27.26
27229/06/2018	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR)		1	-24.55	0.00	-24.55
27329/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ		2	-23.70	0.00	-23.70
27429/06/2018	DUOLIN (2.5ML) RESP. (EMR)		2	-21.18	0.00	-21.18
		PHARMACY :		35,331	0	35,331

PROCEDURE CHARGES

1	21/06/2018	ANAESTHESIA CHARGES	1	6,990.00	0.00	6,990.00
2	21/06/2018	ANAESTHESIA CHARGES	1	2,657.00	0.00	2,657.00
3	21/06/2018 BL002	FFP/PLC (PLATELET CONC)	2	3,640.00	0.00	3,640.00
4	21/06/2018 MED019	BLOOD TRANFUSION CHARGES	2	2,140.00	0.00	2,140.00
5	22/06/2018 BL002	FFP/PLC (PLATELET CONC)	2	3,640.00	0.00	3,640.00
6	22/06/2018 MED019	BLOOD TRANFUSION CHARGES	2	2,140.00	0.00	2,140.00

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

(NABH & NABL ACCREDITED HOSPITAL)

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
7	22/06/2018 MED022	NEBULIZATION	2	140.00	0.00	140.00
8	23/06/2018 MED022	NEBULIZATION	2	140.00	0.00	140.00
9	24/06/2018 MED022	NEBULIZATION	3	210.00	0.00	210.00
10	21/06/2018	OT CHARGES (MAJOR)	1	12,981.00	0.00	12,981.00
11	21/06/2018	OT CHARGES (MAJOR)	1	4,934.00	0.00	4,934.00
12	21/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
13	21/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
14	22/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
15	22/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
16	22/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
17	23/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
18	23/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
19	[illegible]06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
20	24/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
21	25/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
22	25/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
23	26/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
24	26/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
25	27/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
26	27/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
27	28/06/2018 PHY020	VIBRATOR	2	620.00	0.00	620.00
28	29/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
29	28/06/2018 RCC008	PFT WITHOUT BRONCHODILATOR	1	1,030.00	0.00	1,030.00
		PROCEDURE CHARGES :		45,712	0	45,712

SURGERY

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)

C-1, JANAK PURI, NEW DELHI - 110058

GSTIN - 07AATM0976H1ZI (NABH & NABL ACCREDITED HOSPITAL) Registration No. [illegible]/84

Bill Of Supply

IP ID :- 145190 Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
4	21/06/2018	SURGEON CHARGES (RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL)	1	19,970.00	0.00	19,970.00
5	21/06/2018	SURGEON CHARGES (EXPLORATORY LAPAROTOMY(GEN))	1	7,590.00	0.00	7,590.00
		SURGERY :		27,560	0	27,560

Remarks :

CGST: 1,769.41

SGST: 1,769.41

Short Authorisation by TPA :		0(-)	0
Co-Payemnt Amount :		0(-)	0
Rounding Off :			
	217293	0	217293

Remarks :

Signature Of the Card Holder/Attendent

Authorized Signatory

Syanand Tanwar
Son
M- ~~[illegible]~~ 8979690808

Printed by vikas

Mahashay Dharampal Heart Institute

For Interventional & Non Interventional Cardiology - Angiography, Angioplasty, By-pass Surgery

Total Pensnan 217293 Rs
29-6-18

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190
UHID :- 818544
Patient Name : :- Mr. HARI RAM
Relation to Proposer:- Self
Relative Name :- S/O LATE MR BALLEY SINGH
Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge
Pay Type :- SEMI PRIVATE

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	ACCOMMODATION CHARGES					
1	21/06/2018	ICCU		6,000.00	0.00	6,000.00
2	22/06/2018	ICCU		6,000.00	0.00	6,000.00
3	23/06/2018	ICCU		6,000.00	0.00	6,000.00
4	24/06/2018	ICCU		6,000.00	0.00	6,000.00
5	25/06/2018	ICCU		6,000.00	0.00	6,000.00
8	26/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
9	27/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
10	28/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
		ACCOMMODATION CHARGES :		**39,000**	**0**	**39,000**
	CONSULTANT CHARGES					
3	25/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	750.00	0.00	750.00
4	26/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
5	27/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
6	28/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
7	25/06/2018	CRITICAL CARE (Dr.SUMANA BOSE)	1	750.00	0.00	750.00
8	26/06/2018	CRITICAL CARE (Dr.SUMANA BOSE)	1	550.00	0.00	550.00
9	20/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
10	20/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
11	21/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. D-HS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Patient Adress	:- B-79 OLD JANAKI PURI	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC545146669OBCA
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

TPA CCN :- 545221819094227/3194230 **Total Authorization : (Rs)** 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
12	21/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
13	22/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
14	22/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
15	23/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
16	23/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
17	24/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
18	24/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
19	25/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
20	25/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
21	26/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
22	26/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
23	27/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
24	27/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
25	28/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
26	28/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
27	29/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
29	29/06/2018	NEURO-1 (Dr.RENU ACHTANI (DMC 17765),Dr.SAMUDRALA RAGHAVAN (DMC 67532))	1	550.00	0.00	550.00
		CONSULTANT CHARGES :		**14,100**	**0**	**14,100**

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190
UHID :- 818544
Patient Name : :- Mr. HARI RAM
Relation to Proposer:- Self
Relative Name :- S/O LATE MR BALLEY SINGH
Patient Adress :- B-79 OLD JANAKI PURI

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:31:20 am

Discharge Type :- Normal Discharge
Pay Type :- .SEMI PRIVATE
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA
Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	DIAGNOSTIC CHARGES					
4	20/06/2018	CBC (COMPLETE BLOOD COUNTS)	1	0.00	0.00	0.00
5	20/06/2018	SERUM CALCIUM	1	0.00	0.00	0.00
6	20/06/2018	SERUM ELECTROLYTES	1	0.00	0.00	0.00
7	20/06/2018	KFT (KIDNEY FUNCTION TEST)	1	0.00	0.00	0.00
8	21/06/2018	CBC (COMPLETE BLOOD COUNTS)	0	0.00	0.00	0.00
9	21/06/2018	HISTOPATHOLOGY-MEDIUM SIZE TISSUE	0	0.00	0.00	0.00
10	21/06/2018	SERUM MAGNESIUM	0	0.00	0.00	0.00
11	21/06/2018	KFT (KIDNEY FUNCTION TEST)	0	0.00	0.00	0.00
12	21/06/2018	BLOOD GAS ANALYSIS (ABG)	0	0.00	0.00	0.00
13	21/06/2018	IONISED CALCIUM	0	0.00	0.00	0.00
14	2[illegible]/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
15	22/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
16	22/06/2018	LABBIO07LFT (PROFILES)	1	840.00	0.00	840.00
17	22/06/2018	LABMIC09URINE CULTURE*	1	480.00	0.00	480.00
18	22/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
19	22/06/2018	LABCP22 URINE ROUTINE & MICROSCOPIC	1	100.00	0.00	100.00
20	22/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
21	23/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
22	23/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
23	23/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
24	24/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
25	24/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
26	24/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
27	25/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
28	25/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190
UHID :- 818544
Patient Name : :- Mr. HARI RAM
Relation to Proposer:- Self
Relative Name :- S/O LATE MR BALLEY SINGH
Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge
Pay Type :- SEMI PRIVATE
Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:30:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
29	25/06/2018 LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
30	25/06/2018 LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
31	26/06/2018 LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
32	26/06/2018 LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
33	26/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
34	26/06/2018 LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
35	27/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
36	27/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
37	28/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
39	19/06/2018 ABDOMEN ERECT	0	0.00	0.00	0.00
40	21/06/2018 CHEST AP/PA	0	0.00	0.00	0.00
41	22/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
42	2[illegible]/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
43	25/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
44	26/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
45	28/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
	DIAGNOSTIC CHARGES :		**14,190**	**0**	**14,190**
	PACKAGE CHARGES				
	19/06/2018 GIPSA002LAP INGUINAL HERNIOPLASTY-BILATERAL+COST OF MESH EXTRA (GIPSA)	1	41,400.00	0.00	41,400.00
	PACKAGE CHARGES :		**41,400**	**0**	**41,400**
	PHARMACY				
	OT 1				
	19/06/2018 VERFEN (FENTANYL CITRATE) 2ML INJ (HR)	1	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. D'HS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
2	21/06/2018	ISOFLORIN/FORANE--250ML	0	248.85	0.00	248.85
3	21/06/2018	VERFEN (FENTANYL CITRATE) 2ML INJ (HR)	1	46.00	0.00	46.00
	OT STORE					
4	19/06/2018	PREMILENE MESH(10CM*15CM) (4X6)B/BRAUN	1	2,500.00	0.00	2,500.00
5	19/06/2018	PREMILENE MESH(7.5CM*15CM) 3*6(82G/M2)	1	1,800.00	0.00	1,800.00
6	19/06/2018	ETHILON 2-0(NW-3336) R/C	2	0.00	0.00	0.00
7	19/06/2018	DAFILON 3-0 (G0935352IN) C/C 3328	1	0.00	0.00	0.00
8	19/06/2018	GLOVES 6.5" (SURGICARE)	3	0.00	0.00	0.00
9	19/06/2018	VICRYL 2-0(NW--2317)R/B	2	0.00	0.00	0.00
10	19/06/2018	GLOVES 7.5"(SURGICARE)	4	0.00	0.00	0.00
11	19/06/2018	PLAIN SHEET 200X120CM (D301)	2	0.00	0.00	0.00
12	19/06/2018	PROLENE 2-0 (NW 844) R/B	1	0.00	0.00	0.00
13	19/06/2018	BANDAGE--6"	1	0.00	0.00	0.00
14	19/06/2018	GLOVES 7.5"(SURGICARE)	2	0.00	0.00	0.00
15	19/06/2018	ANAWIN HEAVY (BUPIVACAINE) 0.5% 4.0ML INJ	2	0.00	0.00	0.00
16	19/06/2018	ECG ELECTRODS (NIKO)	3	0.00	0.00	0.00
17	19/06/2018	VOLUVEN 500ML I/V	1	0.00	0.00	0.00
18	19/06/2018	PHENPRES(PHENYLEPHRINE HCL) 10MG INJ	1	0.00	0.00	0.00
19	19/06/2018	OXYGEN MASK(A) POLYMED	1	0.00	0.00	0.00
20	19/06/2018	NS--500ML (ALBERT DAVID) I/V	3	0.00	0.00	0.00
21	19/06/2018	LOXICARD (LIGNOCAINE)--50ML VIALS	1	0.00	0.00	0.00
22	19/06/2018	TAZOWIN (PENTAZOCINE LACTATE)--1.0ML (EMR) (H1) INJ	1	0.00	0.00	0.00
23	19/06/2018	GLOVES 6.5" (SURGICARE)	2	0.00	0.00	0.00
24	19/06/2018	I.V.SET (POLYMED)	1	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:3[illegible]:20 am

Discharge Date & Time :- 29-Jun-18 04:27:0[illegible] PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
25	19/06/2018	SPINAL NEEDLE 26G (BD)	2	0.00	0.00	0.00
26	22/06/2018	VICRYL 2-0(NW--2317)R/B	2	1,190.00	0.00	1,190.00
27	22/06/2018	SKIN STAPLER (COVIDIEN)	1	900.00	0.00	900.00
28	22/06/2018	PDS II 1 (NW 9262) LOOP 1/2 CIRCLE	1	764.00	0.00	764.00
29	22/06/2018	SURGEON GOWN SMS	2	350.00	0.00	350.00
30	22/06/2018	MERSILK 3-0(NW 5087)R/B	2	224.00	0.00	224.00
31	22/06/2018	NEOSPORIN--5.0GM OINTMENT	1	37.25	0.00	37.25
	PHARMACY 1					
32	19/06/2018	SYRINGE 2ML(DISPOVAN)	2	0.00	0.00	0.00
33	19/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	1	0.00	0.00	0.00
34	19/06/2018	NS 100ML (SPPL)	2	0.00	0.00	0.00
35	19/06/2018	RL 500ML (ALBERT DAVID)	2	0.00	0.00	0.00
36	19/06/2018	RYLES TUBE NO. 16 (POLYMED)	1	0.00	0.00	0.00
37	19/06/2018	SYRINGE 20ML(DISPOVAN)	1	0.00	0.00	0.00
38	19/06/2018	SYRINGE 2ML(DISPOVAN)	4	0.00	0.00	0.00
39	19/06/2018	UROBAG ADULT (POLYMED)	2	0.00	0.00	0.00
40	19/06/2018	VACCU SUCTION SET (POLYMED)	1	0.00	0.00	0.00
41	19/06/2018	GLOVES EXAMINATION (LATEX)	12	0.00	0.00	0.00
42	19/06/2018	FOLEYS CATHETER (16) 2WAY (POLYMED)	1	0.00	0.00	0.00
43	19/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	2	0.00	0.00	0.00
44	19/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	0.00	0.00	0.00
45	19/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
46	19/06/2018	LOX (LIGNOCAINE 2% JELLY)--30G JELLY	2	0.00	0.00	0.00
47	19/06/2018	NS 500ML (AXA)	2	0.00	0.00	0.00
48	19/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA-CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
49	20/06/2018	DUOLIN (2.5ML) RESP. (EMR)	10	0.00	0.00	0.00
50	20/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	0.00	0.00	0.00
51	20/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	2	0.00	0.00	0.00
52	20/06/2018	SYRINGE 10ML(DISPOVAN)	5	0.00	0.00	0.00
53	20/06/2018	SYRINGE 1ML(DISPOVAN) 40IU	2	0.00	0.00	0.00
54	20/06/2018	SYRINGE 5ML(DISPOVAN)	4	0.00	0.00	0.00
55	20/06/2018	I.V CANNULA 20G (POLYMED)	1	0.00	0.00	0.00
56	20/06/2018	NEEDLE DISPO (26G) DISPOVAN	1	0.00	0.00	0.00
57	20/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	2	0.00	0.00	0.00
58	20/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	0.00	0.00	0.00
59	20/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	2	0.00	0.00	0.00
60	20/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	0.00	0.00	0.00
61	20/06/2018	DNS 500ML (INFUTEC)	1	0.00	0.00	0.00
62	20/06/2018	GLOVES EXAMINATION (LATEX)	6	0.00	0.00	0.00
63	20/06/2018	RL 500ML (ALBERT DAVID)	1	0.00	0.00	0.00
64	20/06/2018	MEFTAL---250MG TAB	3	0.00	0.00	0.00
65	20/06/2018	MEZOLAM (MIDAZOLAM)--5.0ML VIALS (HR) (H1)	1	0.00	0.00	0.00
66	20/06/2018	NS 100ML (SPPL)	3	0.00	0.00	0.00
67	20/06/2018	REDOTIL (RACECADOTRIL)--100MG CAP	8	0.00	0.00	0.00
68	20/06/2018	RL 500ML (ALBERT DAVID)	2	0.00	0.00	0.00
69	20/06/2018	SYRINGE 10ML(DISPOVAN)	5	0.00	0.00	0.00
70	20/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	0.00	0.00	0.00
71	20/06/2018	TAZOWIN (PENTAZOCINE LACTATE)--1.0ML (EMR) (H1) INJ	3	0.00	0.00	0.00
72	20/06/2018	VIZYLAC CAP	8	0.00	0.00	0.00
73	20/06/2018	HEXIDINE (80ML) MOUTH WASH	1	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190
UHID :- 818544
Patient Name : :- Mr. HARI RAM
Relation to Proposer:- Self
Relative Name :- S/O LATE MR BALLEY SINGH
Patient Adress :- B-79 OLD JANAKI PURI

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Type :- Normal Discharge
Pay Type :- SEMI PRIVATE
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA
Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

TPA CN :- 545221819094227/3194230 Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
74	20/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	0.00	0.00	0.00
75	20/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	8	0.00	0.00	0.00
76	21/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	3	1,020.00	0.00	1,020.00
77	21/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	2	855.38	0.00	855.38
78	21/06/2018	A DRAIN KIT (32) ROMSONS	2	704.00	0.00	704.00
79	21/06/2018	HME FILTER FOR VENTILATOR CIRCUIT (LIFESOL)	1	550.00	0.00	550.00
80	21/06/2018	PLAIN SHEET 200X120CM (D301)	2	420.00	0.00	420.00
81	21/06/2018	ATRAPURE (ATRACURIUM)--2.5ML INJ (HR)	3	395.16	0.00	395.16
82	21/06/2018	VACCU SUCTION SET (POLYMED)	1	372.00	0.00	372.00
83	21/06/2018	BI---CONNECTOR (LAMED)	1	350.00	0.00	350.00
84	21/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
85	21/06/2018	NS 1000ML (AXA)	6	285.42	0.00	285.42
86	21/06/2018	OXYGEN MASK(A) POLYMED	1	262.00	0.00	262.00
87	21/06/2018	AIRWAY NEBULIZER WITH T CON	1	250.00	0.00	250.00
88	21/06/2018	BLOOD SET (LAMED)	2	238.00	0.00	238.00
89	21/06/2018	ETHILON 2-0(NW-3336) R/C	1	197.00	0.00	197.00
90	21/06/2018	ET TUBE NO. 7.5 CUFF (PORTEX)	1	185.00	0.00	185.00
91	21/06/2018	PM LINE 200CM (POLYMED)	1	180.00	0.00	180.00
92	21/06/2018	MV SET (P.D.SET) POLYMED	1	178.00	0.00	178.00
93	21/06/2018	GLOVES 6.5" (SURGICARE)	3	147.00	0.00	147.00
94	21/06/2018	GLOVES 7.0"(SURGICARE)	3	147.00	0.00	147.00
95	21/06/2018	GLOVES 7.5"(SURGICARE)	3	147.00	0.00	147.00
96	21/06/2018	NEOROF (PROPOFOL) (1%W/V)- 20ML NEON (HR)	1	146.25	0.00	146.25
97	21/06/2018	THREE WAY CANNULA (POLYMED)	1	130.00	0.00	130.00
98	21/06/2018	I.V.SET (POLYMED)	1	118.00	0.00	118.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:31:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
9 21/06/2018	OFLOGLAN (OFLOXACIN)--100ML 200MG I/V	1	105.00	0.00	105.00
0021/06/2018	RL 500ML (ALBERT DAVID)	2	95.38	0.00	95.38
0121/06/2018	ECG ELECTRODS (NIKO)	5	90.00	0.00	90.00
0221/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	4	85.00	0.00	85.00
0321/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	5	84.95	0.00	84.95
0421/06/2018	ANAWIN 0.5% 20ML INJ(BUPIVACAINE HCL)	1	79.25	0.00	79.25
0521/06/2018	TRANEMIC (TRAXENAMIC ACID)--500MG/5.0ML INJ	1	71.13	0.00	71.13
0621/06/2018	SYRINGE 50ML(DISPOVAN)	2	70.00	0.00	70.00
0721/06/2018	SYRINGE 10ML(DISPOVAN)	8	68.00	0.00	68.00
0821/06/2018	DNS 500ML (INFUTEC)	2	64.52	0.00	64.52
0921/06/2018	SUCTION CATH NO 14 (POLYMED)	1	56.00	0.00	56.00
10 5/2018	NORAD (NORADRENALINE) 2MG/2ML INJ (HR)	1	52.35	0.00	52.35
121/06/2018	SUCTION CATH. NO 10 (POLYMED)	1	51.50	0.00	51.50
221/06/2018	PYROLATE (GLYCOPYROLATE)--1.0ML INJ	4	47.80	0.00	47.80
1321/06/2018	SUCOL (SUCCINYL CHOLINE)--10ML VIALS (HR)	1	46.03	0.00	46.03
1421/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
1521/06/2018	SYRINGE 5ML(DISPOVAN)	6	39.00	0.00	39.00
1621/06/2018	SYRINGE 20ML(DISPOVAN)	2	36.00	0.00	36.00
1721/06/2018	SUCCICORT (HYDROCORTISONE)--100MG VIALS (EMR)	1	36.00	0.00	36.00
1821/06/2018	SYRINGE 50ML(DISPOVAN)	1	35.00	0.00	35.00
1921/06/2018	SODABICARB (SODIUM BICARBONATE)--25ML INJ (HR)	1	32.76	0.00	32.76
2021/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
2121/06/2018	NS 500ML (AXA)	1	28.33	0.00	28.33
2221/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. D HS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
12321/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
12421/06/2018	MYOSTIGMIN (NEOSTIGMINE)--1.0ML INJECTION	5	22.00	0.00	22.00
12521/06/2018	SYRINGE 2ML(DISPOVAN)	4	18.00	0.00	18.00
12621/06/2018	SYRINGE 10ML(DISPOVAN)	2	17.00	0.00	17.00
12721/06/2018	DUPAN (PANTOPRAZOLE)--40MG TAB	2	14.00	0.00	14.00
12821/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
12921/06/2018	MYOSTIGMIN (NEOSTIGMINE)--1.0ML INJECTION	2	8.80	0.00	8.80
13021/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	1	3.20	0.00	3.20
13122/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	680.00	0.00	680.00
13222/06/2018	LUNGCISER (LA-MED) (RESPICISER)	1	550.00	0.00	550.00
13322/06/2018	OFLIN (OFLOXACIN)--200MG/100ML IV	2	264.60	0.00	264.60
13422/06/2018	I.V CANNULA 20G (POLYMED)	2	262.00	0.00	262.00
13522/06/2018	BLOOD SET (LAMED)	2	238.00	0.00	238.00
13622/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
13722/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	4	81.80	0.00	81.80
13822/06/2018	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR)	2	49.26	0.00	49.26
13922/06/2018	HEXIDINE (80ML) MOUTH WASH	1	44.70	0.00	44.70
14022/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
14122/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
14222/06/2018	DUOLIN (2.5ML) RESP. (EMR)	4	42.36	0.00	42.36
14322/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
14422/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
14522/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
14622/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
14723/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
14823/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	10	169.90	0.00	169.90
14923/06/2018	I.V CANNULA 22G (POLYMED)	1	131.00	0.00	131.00
15023/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
15123/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
15223/06/2018	RL 500ML (ALBERT DAVID)	2	95.38	0.00	95.38
15323/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
15423/06/2018	DNS 500ML (INFUTEC)	2	64.52	0.00	64.52
15523/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	3	63.75	0.00	63.75
15623/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	4	47.40	0.00	47.40
15723/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
158[illegible]06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
15923/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
16023/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
16123/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	1	21.25	0.00	21.25
16223/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	1	21.25	0.00	21.25
16323/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	5	13.25	0.00	13.25
16423/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	2	6.40	0.00	6.40
16524/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
16624/06/2018	UROMETER (POLYMED)	1	400.00	0.00	400.00
16724/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
16824/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	10	204.50	0.00	204.50
16924/06/2018	FOLEYS CATHETER (16) 2WAY (POLYMED)	1	173.00	0.00	173.00
17024/06/2018	DUOLIN (2.5ML) RESP. (EMR)	10	105.90	0.00	105.90

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
17124/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
17224/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
17324/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
17424/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
17524/06/2018	SYRINGE 50ML(DISPOVAN)	1	35.00	0.00	35.00
17624/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
17724/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
17825/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
17925/06/2018	OXYGEN MASK(A) POLYMED	1	262.00	0.00	262.00
18025/06/2018	ARICEP (DONEPEZIL HCL)--10MG TAB	10	159.30	0.00	159.30
18125/06/2018	DNS 500ML (INFUTEC)	3	96.78	0.00	96.78
8225[illegible]2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
8325/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
8425/06/2018	SYRINGE 10ML(DISPOVAN)	4	34.00	0.00	34.00
8525/06/2018	SYRINGE 5ML(DISPOVAN)	4	26.00	0.00	26.00
8625/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
8725/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
8825/06/2018	SYRINGE 2ML(DISPOVAN)	3	13.50	0.00	13.50
8926/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	6	2,566.14	0.00	2,566.14
9026/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	3	405.00	0.00	405.00
9126/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	2	270.00	0.00	270.00
9226/06/2018	GLOVES 7.5"(SURGICARE)	2	98.00	0.00	98.00
9326/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	90.40	0.00	90.40
9426/06/2018	ECG ELECTRODS (NIKO)	5	90.00	0.00	90.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
19526/06/2018	SYRINGE 10ML(DISPOVAN)	6	51.00	0.00	51.00
19626/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
19726/06/2018	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR)	1	24.55	0.00	24.55
19826/06/2018	SYRINGE 2ML(DISPOVAN)	4	18.00	0.00	18.00
19926/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
20026/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	1	11.85	0.00	11.85
20126/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	1	11.50	0.00	11.50
20227/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
20327/06/2018	MUCINAC (ACETYLCYSTEINE)--600MG TAB	8	176.00	0.00	176.00
20427/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
20527/06/2018	GLOVES EXAMINATION (LATEX)	10	62.00	0.00	62.00
20627/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
20727/06/2018	DUOLIN (2.5ML) RESP. (EMR)	4	42.36	0.00	42.36
20827/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	40.90	0.00	40.90
20927/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
21027/06/2018	SYRINGE 10ML(DISPOVAN)	4	34.00	0.00	34.00
21127/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	2	33.98	0.00	33.98
21227/06/2018	SYRINGE 5ML(DISPOVAN)	4	26.00	0.00	26.00
21327/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
21428/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
21528/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
21628/06/2018	MUCINAC (ACETYLCYSTEINE)--600MG TAB	4	88.00	0.00	88.00
21728/06/2018	SYRINGE 10ML(DISPOVAN)	6	51.00	0.00	51.00
21828/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:30:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
21928/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	40.90	0.00	40.90
22028/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
22128/06/2018	SYRINGE 5ML(DISPOVAN)	6	39.00	0.00	39.00
22228/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
22328/06/2018	DUOLIN (2.5ML) RESP. (EMR)	2	21.18	0.00	21.18
22428/06/2018	VOVERAN--D TAB	6	11.58	0.00	11.58
22528/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	4	10.60	0.00	10.60
22629/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
22729/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
22829/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
22929/06/2018	I.V CANNULA 22G (POLYMED)	1	131.00	0.00	131.00
23029/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	90.40	0.00	90.40
23129/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	60.00	0.00	60.00
23229/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	1	45.25	0.00	45.25
23329/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
23429/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
23529/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
	PHARMACY 2				
23619/06/2018	SYRINGE 5ML(DISPOVAN)	1	0.00	0.00	0.00
23719/06/2018	PERINORM (METACLOPROMIDE)--2.0ML INJ (EMR)	1	0.00	0.00	0.00
23819/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	1	0.00	0.00	0.00
23919/06/2018	SYRINGE 10ML(DISPOVAN)	2	0.00	0.00	0.00
24019/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	1	0.00	0.00	0.00
24119/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	0.00	0.00	0.00
24219/06/2018	BD IV CANNULA NO. 22G	1	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524
New Bill No :- B2B1512
Gst No :- 07AACCR3893H1Z4
Bill Date :- 29-Jun-18
Age/Sex :- 83 Y / Male
Company Name : :- RAKSHA TPA gipsa
Insurance Company :- UNITED INDIA INSURANCE CO. LTD
Admit Date & Time :- 19-Jun-2018 7:39:20 am
Discharge Date & Time :- 29-Jun-18 04:27:00 PM
I-Card No. :- UIC545146669OBCA

TPA CSN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
24320/06/2018	GLOVES EXAMINATION (LATEX)	8	0.00	0.00	0.00
24420/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	4	0.00	0.00	0.00
24520/06/2018	UROMETER (POLYMED)	1	0.00	0.00	0.00
24620/06/2018	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR)	1	0.00	0.00	0.00
24721/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
24821/06/2018	RL 500ML (ALBERT DAVID)	3	143.07	0.00	143.07
24921/06/2018	I.V.SET (POLYMED)	1	118.00	0.00	118.00
25021/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	4	71.20	0.00	71.20
25121/06/2018	DULCOFLEX (A) SUPPOSITORY	3	68.97	0.00	68.97
25221/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
25321/06/2018	METRONIDAZOLE 100ML (AXA)	3	39.54	0.00	39.54
25421/06/2018	GLOVES EXAMINATION (LATEX)	6	37.20	0.00	37.20
25521/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	3	35.55	0.00	35.55
25621/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
25721/06/2018	LOX (LIGNOCAINE 2% JELLY)--30G JELLY	1	31.80	0.00	31.80
25821/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	8	21.92	0.00	21.92
25921/06/2018	CALCIUM GLUCONATE--10ML INJ (HR)	2	21.50	0.00	21.50
26021/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	3	9.39	0.00	9.39
	RETURNS				
26119/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
26219/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
26329/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	-1,283.07	0.00	-1,283.07
26429/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	-680.00	0.00	-680.00
26529/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	3	-405.00	0.00	-405.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190		
UHID	:- 818544	Old Bill No	:- 18004524
		New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
		Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge		
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

TPA CN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
25629/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	-340.00	0.00	-340.00
26729/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	3	-135.60	0.00	-135.60
26829/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	3	-63.75	0.00	-63.75
26929/06/2018	SYRINGE 10ML(DISPOVAN)	5	-42.50	0.00	-42.50
27029/06/2018	SYRINGE 5ML(DISPOVAN)	5	-32.50	0.00	-32.50
27129/06/2018	METRONIDAZOLE 100ML (AXA)	2	-27.26	0.00	-27.26
27229/06/2018	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR)	1	-24.55	0.00	-24.55
27329/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	-23.70	0.00	-23.70
27429/06/2018	DUOLIN (2.5ML) RESP. (EMR)	2	-21.18	0.00	-21.18
	PHARMACY :		**35,331**	**0**	**35,331**

PROCEDURE CHARGES

1	21/06/2018	ANAESTHESIA CHARGES	1	6,990.00	0.00	6,990.00
2	21/06/2018	ANAESTHESIA CHARGES	1	2,657.00	0.00	2,657.00
3	21/06/2018 BL002	FFP/PLC (PLATELET CONC)	2	3,640.00	0.00	3,640.00
4	21/06/2018 MED019	BLOOD TRANFUSION CHARGES	2	2,140.00	0.00	2,140.00
5	22/06/2018 BL002	FFP/PLC (PLATELET CONC)	2	3,640.00	0.00	3,640.00
6	22/06/2018 MED019	BLOOD TRANFUSION CHARGES	2	2,140.00	0.00	2,140.00
7	22/06/2018 MED022	NEBULIZATION	2	140.00	0.00	140.00
8	23/06/2018 MED022	NEBULIZATION	2	140.00	0.00	140.00
9	24/06/2018 MED022	NEBULIZATION	3	210.00	0.00	210.00
10	21/06/2018	OT CHARGES (MAJOR)	1	12,981.00	0.00	12,981.00
11	21/06/2018	OT CHARGES (MAJOR)	1	4,934.00	0.00	4,934.00
12	21/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
13	21/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:-, Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:30:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC545146669OBCA

TPA CN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
14	22/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
15	22/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
16	22/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
17	23/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
18	23/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
19	23/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
20	24/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
21	25/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
22	25/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
23	26/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
24	26/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
25	27/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
26	27/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
27	28/06/2018 PHY020	VIBRATOR	2	620.00	0.00	620.00
28	29/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
29	28/06/2018 RCC008	PFT WITHOUT BRONCHODILATOR	1	1,030.00	0.00	1,030.00
		PROCEDURE CHARGES :		**45,712**	**0**	**45,712**

SURGERY

1	21/06/2018	SURGEON CHARGES (RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL)	1	19,970.00	0.00	19,970.00
2	21/06/2018	SURGEON CHARGES (EXPLORATORY LAPAROTOMY(GEN))	1	7,590.00	0.00	7,590.00
		SURGERY :		**27,560**	**0**	**27,560**

Remarks :

CGST: 1,769.41

Short Authorisation by TPA : 0(-) 0

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. D HS/NH/84

IP ID	:- 145190		
UHID	:- 818544	Old Bill No	:- 18004524
Patient Name :	:- Mr. HARI RAM	New Bill No	:- B2B1512
		Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
		Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Discharge Type	:- Normal Discharge	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	I-Card No.	:- UIC545146669OBCA

PA CCN :- 545221819094227/3194230

Total Authorization : (Rs) 217293

Sr.No.	Description	Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	SGST: 1,769.41			
	Co-Payemnt Amount :			
	Rounding Off :		0(-)	0
		217293	0	217293

Remarks :

Signature Of the Card Holder/Attendent

Authorized Signatory

Printed by DHIRENDER

Room Bill Total dele

GSTIN - 07AAATM0976H1ZI

Registration No. DHS/NH/84

PROVISIONAL BILL

PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190		Old Bill No	:-	
UHID	:- 818544		New Bill No	:- B2C14200	
			Gst No	:- 07AACCR3893H1Z4	
Name of Patient	:- Mr. HARI RAM		Bill Dated	:- 22/06/2018	03:52:26 PM
Address	:- B-79 OLD JANAKI PURI,		Age / Sex :	:- 83Y / Male	
			Company	:- RAKSHA TPA	
			Relation	:- Self	
			Insurance Company	:- UNITED INDIA INSURANCE CO. LTD	
Bed No:	:- G 30-11		Admit Date & Time	:- 19/06/2018 07:39:20 AM	
Ward Name	:- ICCU		Discharge Date & Time	:- 22/06/2018 03:52:29 PM	
Discharge Type	:-		Name of Card Holder	:-	
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		Card No	:- UIC54514666OBCA	
			Pan Card No.	:-	

CREDIT

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	Admissable Amount
1	POST OPERATIVE WITH SURGICAL ICU	6,000		2		12,000.00	
2	ICCU	6,000		2		12,000.00	
3	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	750		4		3,000.00	
4	CARDIOLOGY-1 (Dr.SANJAY SHARMA (DMC 18125),Dr.SUBHASH SAINI (DMC 20881))	750		1		750.00	
5	VIBRATOR	310	PHY020	2		620.00	
6	BLOOD TRANFUSION CHARGES	1,070	MED019	4		4,280.00	
7	GAIT TRAINING	310	PHY024	2		620.00	
8	BREATHING EXERCISES	140	PHY002	1		140.00	
9	FFP/PLC (PLATELET CONC)	1,820	BL002	4		7,280.00	
10	Laboratory(as per details attached)					9,370.00	
11	CARDIOLOGY(as per details attached)					450.00	
12	X-RAY(as per details attached)					930.00	
13	ULTRA SOUND(as per details attached)					1,090.00	
14	RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL	49,920	GEN398	1		49,920.00	
15	BILATERAL INGUINAL HERNIA WITH MESH	49,920	GEN370	1		49,920.00	
16	Medicine(as per details attached)					30,692.75	

Rounu Bill

Registration No. DHS/NH/84

PROVISIONAL BILL

GSTIN - 07AAATM0976H1ZI
PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190	Old Bill No	:-		
UHID	:- 818544	New Bill No	:- B2C14200		
		Gst No	:- 07AACCR3893H1Z4		
Name of Patient	:- Mr. HARI RAM	Bill Dated	:- 22/06/2018	03:52:26 PM	
Address	:- B-79 OLD JANAKI PURI,	Age / Sex :	:- 83Y / Male		
		Company	:- RAKSHA TPA		
		Relation	:- Self		
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD		
Bed No:	:- G 30-11	Admit Date & Time	:- 19/06/2018 07:39:20 AM		
Ward Name	:- ICCU	Discharge Date & Time	:- 22/06/2018 03:52:29 PM		
Discharge Type	:-				
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	Name of Card Holder	:-		
		Card No	:- UIC54514666OBCA		
		Pan Card No.	:-		

CREDIT

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	Admissable Amount
					Total	183063	
					Less Discount	0	
					CGST	0.00	
					SGST	0.00	
					Net Amount	183063	
					Less Paid		
					Balance	183063	
					Post Discount		
					Grand Balance	183063	

Rupees in words : RUPEES ONE LAKHS EIGHTY-THREE THOUSAND SIXTY-THREE ONLY

Rounu Bill Tell Lake

Signature Of the Card Holder/Attendent

Authorized Signatory

22/06/201 03:52:54PM

Printed By CHAVI GHAI

Running Bill

Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

GSTIN - 07AAATM0976H1ZI
PAN No.AAATM0976H TIN No.07350315190

Registration No. DHS/NH/84

PROVISIONAL BILL

I P ID :	:- 145190	Old Bill No	:-		
UHID	:- 818544	New Bill No	:- B2C		
		Gst No	:- 07AACCR3893H1Z4		
Name of Patient	:- Mr. HARI RAM	Bill Dated	:- 26/06/2018	04:42:19 PM	
		Age / Sex :	:- 83Y / Male		
Address	:- B-79 OLD JANAKI PURI,	Company	:- RAKSHA TPA GIPSA		
		Relation	:- Self		
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD		
Bed No:	:- G 30-11	Admit Date & Time	:- 19/06/2018 07:39:20 AM		
Ward Name	:- ICCU	Discharge Date & Time	:- 26/06/2018 04:42:44 PM		
Discharge Type	:-	Name of Card Holder	:-		
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	Card No	:- UIC54514666OBCA		
		Pan Card No.	:-		

CREDIT

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	Admissable Amount
1	ICCU	6,000		6		36,000.00	
2	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	750		1		750.00	
3	ANA-1 (Dr.PRAMOD MANGWANA (DMC 4666),Dr.RAJIV SINGLA (DMC 3607),Dr.CHANDRA SEKHAR DEBNATH,Dr.MANISH GULATI (DMC 19362))	750		1		750.00	
4	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	750		11		8,250.00	
5	CARDIOLOGY-1 (Dr.SANJAY SHARMA (DMC 18125),Dr.SUBHASH SAINI (DMC 20881))	750		1		750.00	
6	MED-3 (Dr.G S KOCHHAR (DMC 2542),Dr.V.S. ISSAR (DMC 11059))	750		1		750.00	
7	CRITICAL CARE (Dr.SUMANA BOSE)	750		2		1,500.00	
8	VIBRATOR	310	PHY020	6		1,860.00	
9	BLOOD TRANFUSION CHARGES	1,070	MED019	4		4,280.00	
10	GAIT TRAINING	310	PHY024	4		1,240.00	
11	BREATHING EXERCISES	140	PHY002	3		420.00	
12	FFP/PLC (PLATELET CONC)	1,820	BL002	4		7,280.00	
13	NEBULIZATION	70	MED022	7		490.00	
14	Laboratory(as per details attached)					15,180.00	
15	CARDIOLOGY(as per details attached)					450.00	
16	ULTRA SOUND(as per details attached)					1,090.00	
17	X-RAY(as per details attached)					1,860.00	
18	EXPLORATORY LAPAROTOMY(GEN)	18,976	GEN194	1		18,976.00	
19	RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL	49,920	GEN398	1		49,920.00	
20	Medicine(as per details attached)					28,021.63	

Rumu Bill

GSTIN - 07AAATM0976H1ZI

Registration No. DHS/NH/84

PROVISIONAL BILL

PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190	Old Bill No	:-		
UHID	:- 818544	New Bill No	:- B2C		
		Gst No	:- 07AACCR3893H1Z4		
Name of Patient	:- Mr. HARI RAM	Bill Dated	:- 26/06/2018	04:42:19 PM	
Address	:- B-79 OLD JANAKI PURI,	Age / Sex :	:- 83Y / Male		
		Company	:- RAKSHA TPA GIPSA		
		Relation	:- Self		
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD		
Bed No:	:- G 30-11	Admit Date & Time	:- 19/06/2018 07:39:20 AM		
Ward Name	:- ICCU	Discharge Date & Time	:- 26/06/2018 04:42:44 PM		
Discharge Type	:-	Name of Card Holder	:-		
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	Card No	:- UIC54514666OBCA		
		Pan Card No.	:-		

CREDIT

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	Admissable Amount
21	LAP INGUINAL HERNIOPLASTY-BILATERAL+COST OF MESH EXTRA (GIPSA)	46,000		1		46,000.00	

Total	225818
Less Discount	0
CGST	0.00
SGST	0.00
Net Amount	225818
Less Paid	
Balance	225818
Post Discount	
Grand Balance	225818

Rupees in words : RUPEES TWOLAKHS TWENTY-FIVE THOUSAND EIGHT HUNDRED EIGHTEEN ONLY

Rumu Bill Tick date

Signature Of the Card Holder/Attendent

Authorized Signatory

26/06/18

Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

26/06/201 04:43:37PM

Printed By ponnamma

Ram Shanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Registration No. DHS/NH/84

PROVISIONAL BILL

GSTIN - 07AAATM0976H1ZI
PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190		Old Bill No	:-	
UHID	:- 818544		New Bill No	:- B2C	
Name of Patient	:- Mr. HARI RAM		Gst No	:- 07AACCR3893H1Z4	
Address	:- B-79 OLD JANAKI PURI,		Bill Dated	:- 28/06/2018	03:40:30 PM
			Age / Sex :	:- 83Y / Male	
			Company	:- RAKSHA TPA GIPSA	
			Relation	:- Self	
Bed No:	:- D133 -02		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD	
Ward Name	:- SEMI PVT TWO BED		Admit Date & Time	:- 19/06/2018 07:39:20 AM	
Discharge Type	:-		Discharge Date & Time	:- 28/06/2018 03:40:13 PM	
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		Name of Card Holder	:-	
			Card No	:- UIC54514666OBCA	
			Pan Card No.	:-	

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	CREDIT Admissable Amount
1	SEMI PVT TWO BED	3,000		3		9,000.00	
2	ICCU	6,000		5		30,000.00	
3	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	550		3		1,650.00	
4	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	750		1		750.00	
5	ANA-1 (Dr.PRAMOD MANGWANA (DMC 4666),Dr.RAJIV SINGLA (DMC 3607),Dr.CHANDRA SEKHAR DEBNATH,Dr.MANISH GULATI (DMC 19362))	750		1		750.00	
6	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	750		11		8,250.00	
	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	550		2		1,100.00	
8	CARDIOLOGY-1 (Dr.SANJAY SHARMA (DMC 18125),Dr.SUBHASH SAINI (DMC 20881))	750		1		750.00	
9	MED-3 (Dr.G S KOCHHAR (DMC 2542),Dr.V.S. ISSAR (DMC 11059))	750		1		750.00	
10	CRITICAL CARE (Dr.SUMANA BOSE)	750		2		1,500.00	
11	VIBRATOR	310	PHY020	8		2,480.00	
12	BLOOD TRANFUSION CHARGES	1,070	MED019	4		4,280.00	
13	GAIT TRAINING	310	PHY024	4		1,240.00	
14	BREATHING EXERCISES	140	PHY002	3		420.00	
15	FFP/PLC (PLATELET CONC)	1,820	BL002	4		7,280.00	
16	NEBULIZATION	70	MED022	7		490.00	
17	Laboratory(as per details attached)					16,740.00	
18	CARDIOLOGY(as per details attached)					450.00	
19	X-RAY(as per details attached)					2,170.00	
20	ULTRA SOUND(as per details attached)					1,090.00	

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1202105	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 26/06/2018	4.17 AM
		SampleColl Date & Time	: 26/06/2018	6.07 AM
Specimen	: HEPARINIZED BLOOD	Reporting Date & Time	: 26/06/2018	7.25 AM

LAB SERVICES - BIOCHEMISTRY

BLOOD GAS ANALYSIS (ABG) TEST REPORT

Test	Result		Biological Reference	Units
BLOOD GAS ANALYSIS (ABG)				
PH	7.40		7.3 - 7.4	
PCO2	39		35 - 45	mmHg
PO2	249	H	80 - 100	mmHg
HCO3	24.2		21 - 30	mEq/L
TCO2	25.4		23 - 27	mmol/l
BEB	-0.5			mEq/L
SBC	24.6		22 - 26	mmol/l
BEECF	-0.6			mEq/L
%SO2C	100	H	96 - 97	%
LACTATE	3.1		1.12 - 5	mmol/L

Interpretation :- Kindly correlate clinically.

Method :- Analysed in fully automated Gem premier 3000 Blood gas analyser.
Methodology used : pH, pCo2 - (Potentiometric), pO2, Lactate (Amperometric), rest (Calculated).

******** End of Report ********

Dr. JYOTI CHAKRAVERTY (DMC
Sr.ConsultantPathology

THIS IS PROFESSIONAL OPINION, NOT VALID FOR MEDICO LEGAL PURPOSE.IN CASE OF ALARMING RESULTS, PLEASE CONTACT LABORATORY/CONSULTANT.

Revised Bill

Registration No. DHS/NH/84

PROVISIONAL BILL

GSTIN - 07AAATM0976H1ZI
PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190	Old Bill No	:-		
UHID	:- 818544	New Bill No	:- B2C		
Name of Patient	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4		
Address	:- B-79 OLD JANAKI PURI,	Bill Dated	:- 28/06/2018	03:40:30 PM	
		Age / Sex :	:- 83Y / Male		
		Company	:- RAKSHA TPA GIPSA		
		Relation	:- Self		
Bed No:	:- D133 -02	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD		
Ward Name	:- SEMI PVT TWO BED	Admit Date & Time	:- 19/06/2018 07:39:20 AM		
Discharge Type	:-	~~Discharge Date & Time~~	~~:- 28/06/2018 03:40:13 PM~~		
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	Name of Card Holder	:-		
		Card No	:- UIC54514666OBCA		
		Pan Card No.	:-		

CREDIT

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	Admissable Amount
21	EXPLORATORY LAPAROTOMY(GEN)	18,976	GEN194	1		18,976.00	
22	RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL	49,920	GEN398	1		49,920.00	
23	Medicine(as per details attached)					31,930.45	
24	LAP INGUINAL HERNIOPLASTY-BILATERAL+COST OF MESH EXTRA (GIPSA)	46,000		1		46,000.00	

Admit Pt for Two day, Tentative stay,

Total	237966
Less Discount	0
CGST	0.00
SGST	0.00
Net Amount	237966
Less Paid	
Balance	237966
Post Discount	
Grand Balance	237966

Rupees in words : RUPEES TWOLAKHS THIRTY-SEVEN THOUSAND NINE HUNDRED SIXTY-SIX ONLY

Signature Of the Card Holder/Attendent

Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58
Authorized Signatory

28/06/201 03:41:00PM

Printed By PONNAMMA

Patient Type	: IP			
Name	: Mr. RAM PRAKASH CHOPRA	Req. No.	: 1201764	
Age/Gender	: 70 Years / Male	UHID No. / IP No.	: 819977	145495
Patient's Phone	: 9654801902	Payer Name	: SELF	
Referred By	: MED-3	Bed No.	: G228 -06	
Ward	: CCU WARD SECOND FLOOR	Requisition Date & Time	: 25/06/2018	9.54 AM
		SampleColl Date & Time	: 25/06/2018	10.18 AM
Specimen	: URINE	Reporting Date & Time	: 27/06/2018	10.11 AM

LAB SERVICES - MICROBIOLOGY

URINE CULTURE* TEST REPORT

Test	Result
SPECIMEN	URINE
CULTURE REPORT	Sterile after 48 hours of aerobic incubation at 37oC
REMARKS	Final report

Interpretation :- Pus cell 10ul (pyuria >10 pus cells /ul (Haemocytometer)

Method :- Conventional culture method

*These parameter are within the scope of NABL

******** End of Report ********

Dr. SHILPI KHANNA (DMC 17123)
Consultant Microbiologist

Registration No. DHS/NH/84

Bill Of Supply

GSTIN - 07AAATM0976H1ZI
PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190		Old Bill No	:- 18004524	
UHID	:- 818544		New Bill No	:- B2B1512	
			Gst No	:- 07AACCR3893H1Z4	
Name of Patient	:- Mr. HARI RAM		Bill Dated	:- 29/06/2018	04:29:09 PM
Address	:- B-79 OLD JANAKI PURI,		Age / Sex :	:- 83Y / Male	
			Company	:- RAKSHA TPA GIPSA	
			Relation	:- Self	
			Insurance Company	:- UNITED INDIA INSURANCE CO. LTD	
Bed No:	:- D130 -02		Admit Date & Time	:- 19/06/2018 07:39:20 AM	
Ward Name	:- SEMI PVT TWO BED		Discharge Date & Time	:- 29/06/2018 04:27:00 PM	
Discharge Type	:- Normal Discharge		Name of Card Holder	:-	
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		Card No	:- UIC54514666OBCA	
			Pan Card No.	:-	

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	CREDIT Admissable Amount
1	SEMI PVT TWO BED	3,000		3		9,000.00	
2	ICCU	6,000		5		30,000.00	
3	NEURO-1 (Dr.RENU ACHTANI (DMC 17765),Dr.SAMUDRALA RAGHAVAN (DMC 67532))	550		1		550.00	
4	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	550		7		3,850.00	
5	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	750		1		750.00	
6	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	550		3		1,650.00	
7	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	750		8		6,000.00	
8	CRITICAL CARE (Dr.SUMANA BOSE)	750		1		750.00	
9	CRITICAL CARE (Dr.SUMANA BOSE)	550		1		550.00	
10	VIBRATOR	310	PHY020	11		3,410.00	
11	BLOOD TRANFUSION CHARGES	1,070	MED019	4		4,280.00	
12	GAIT TRAINING	310	PHY024	4		1,240.00	
13	BREATHING EXERCISES	140	PHY002	3		420.00	
14	FFP/PLC (PLATELET CONC)	1,820	BL002	4		7,280.00	
15	NEBULIZATION	70	MED022	7		490.00	
16	PFT WITHOUT BRONCHODILATOR	1,030	RCC008	1		1,030.00	
17	Laboratory(as per details attached)					12,640.00	
18	X-RAY(as per details attached)					1,550.00	
19	EXPLORATORY LAPAROTOMY(GEN)	15,181	GEN194	1		15,181.00	
20	RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL	39,941	GEN398	1		39,941.00	
21	Medicine(as per details attached)					35,330.76	

GSTIN - 07AAATM0976H1ZI

Registration No. DHS/NH/84

Bill Of Supply

PAN No.AAATM0976H TIN No.07350315190

I P ID :	:- 145190	Old Bill No	:- 18004524		
UHID	:- 818544	New Bill No	:- B2B1512		
		Gst No	:- 07AACCR3893H1Z4		
Name of Patient	:- Mr. HARI RAM	Bill Dated	:- 29/06/2018	04:29:09 PM	
Address	:- B-79 OLD JANAKI PURI,	Age / Sex :	:- 83Y / Male		
		Company	:- RAKSHA TPA GIPSA		
		Relation	:- Self		
		Insurance.Company	:- UNITED INDIA INSURANCE CO. LTD		
Bed No:	:- D130 -02	Admit Date & Time	:- 19/06/2018 07:39:20 AM		
Ward Name	:- SEMI PVT TWO BED	Discharge Date & Time	:- 29/06/2018 04:27:00 PM		
Discharge Type	:- Normal Discharge	Name of Card Holder	:-		
Consultants	:- Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	Card No	:- UIC54514666OBCA		
		Pan Card No.	:-		

CREDIT

S.No	Description	Rate	Code	No	AIIMS Rate	Amount Charges	Admissable Amount
22	LAP INGUINAL HERNIOPLASTY-BILATERAL+COST OF MESH EXTRA (GIPSA)	41,400		1		41,400.00	

Total	217293
Less Discount	0
CGST	1,769.41
SGST	1,769.41
Net Amount	217293
Less Paid	
Balance	217293
Post Discount	
Grand Balance	217293

Final Bill.

Rupees in words : RUPEES TWOLAKHS SEVENTEEN THOUSAND TWO HUNDRED NINETY-THREE ONLY

gnature Of the Card Holder/Attendent

Authorized Signatory

9/06/201 04:32:02PM

Printed By SUMIT

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	ACCOMMODATION CHARGES					
1	21/06/2018	ICCU		6,000.00	0.00	6,000.00
2	22/06/2018	ICCU		6,000.00	0.00	6,000.00
3	23/06/2018	ICCU		6,000.00	0.00	6,000.00
4	24/06/2018	ICCU		6,000.00	0.00	6,000.00
5	25/06/2018	ICCU		6,000.00	0.00	6,000.00
8	26/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
9	27/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
10	28/06/2018	SEMI PVT TWO BED		3,000.00	0.00	3,000.00
		ACCOMMODATION CHARGES :		**39,000**	**0**	**39,000**
	CONSULTANT CHARGES					
3	25/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	750.00	0.00	750.00
4	26/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
5	27/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
6	28/06/2018	CHS (Dr.CHANDRAMANI PANJABI (DMC 5565),Dr.ANANT GUPTA (DMC R/00495))	1	550.00	0.00	550.00
7	25/06/2018	CRITICAL CARE (Dr.SUMANA BOSE)	1	750.00	0.00	750.00
8	26/06/2018	CRITICAL CARE (Dr.SUMANA BOSE)	1	550.00	0.00	550.00
9	20/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
10	20/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
11	21/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00

311	OPD	6055742	18002442	KRISHNA SHARMA	21-May-18	21-May-18	CGHS	1,610
306	OPD	6056439	18002360	RAJNISH KUMAR	19-May-18	19-May-18	CGHS	1,610
304	OPD	6056531	18002359	RAGUBIR SINGH NEGI	19-May-18	19-May-18	CGHS	1,610
365	OPD	6059299	275393	KANIHYA LAL	22-May-18	22-May-18	CGHS	1,380
366	OPD	6059299	CR 1221174	KANIHYA LAL	22-May-18	21-May-18	CGHS	150
375	OPD	6059435	1187498	SHANTA	22-May-18	22-May-18	CGHS	288
376	OPD	6059435	275379	SHANTA	22-May-18	22-May-18	CGHS	750
368	OPD	6059480	275399	VEENA BHATIA	22-May-18	22-May-18	CGHS	234
369	OPD	6059534	1187297	NAVIN KUMAR BHATNAGAR	22-May-18	22-May-18	CGHS	58
370	OPD	6059589	1187399	MANGER SAH	22-May-18	22-May-18	CGHS	54
371	OPD	6059660	1187536	RASHMIKA GUPTA	22-May-18	22-May-18	CGHS	359
372	OPD	6059943	1187554	GAJENDRA SINGH	22-May-18	22-May-18	CGHS	300
373	OPD	6059943	1187555	GAJENDRA SINGH	22-May-18	22-May-18	CGHS	300
374	OPD	6060051	1187634	MANJIT SINGH	22-May-18	22-May-18	CGHS	2,350
367	[illegible]	6060124	1186969	GEETA DEVI	21-May-08	21-May-18	CGHS	570
350	OPD	6060463	18002494	KAMLESH DEVI	22-May-18	22-May-18	CGHS	1,610
388	OPD	6063349	18002625	KRISHNA SHARMA	24-May-18	25-May-18	CGHS	1,610
389	OPD	6063434	18002654	NEERU	24-May-18	24-May-18	CGHS	1,898
394	OPD	6063669	1187958	DHARAMVEER SINGH	23-May-18	23-May-18	CGHS	127
395	OPD	6063827	1187504	USHA BHARDWAJ	22-May-02	22-May-18	CGHS	730
396	OPD	6063827	275384	USHA BHARDWAJ	22-May-18	22-May-18	CGHS	1,984
397	OPD	6063911	1185109	MEENAKSHI BISHT	16-May-18	16-May-18	CGHS	2,500
398	OPD	6064025	1187902	MALA	23-May-18	23-May-18	CGHS	300
399	OPD	6064025	CR1221440	MALA	23-May-18	23-May-18	CGHS	150
400	OPD	6064025	1187846	MALA	23-May-18	23-May-18	CGHS	288
401	OPD	6064122	CR121465	NARINDER SINGH	23-May-18	23-May-18	CGHS	150
402	OPD	6064122	275515	NARINDER SINGH	23-May-18	23-May-18	CGHS	1,380
403	OPD	6064122	1188027	NARINDER SINGH	23-May-18	23-May-18	CGHS	1,550
404	OPD	6064241	275464	MEENA CHUGH	23-May-18	23-May-18	CGHS	2,875
405	OPD	6064241	1187914	MEENA CHUGH	23-May-18	23-May-18	CGHS	378
406	OPD	6064241	CR1221590	MEENA CHUGH	23-May-18	23-May-18	CGHS	150
407	OPD	6064300	1187937	BISHAN SINGH	23-May-18	23-May-18	CGHS	225
408	OPD	6064373	1187853	N P GUPTA	23-May-18	23-May-18	CGHS	254
409	OPD	6064442	1187949	SHIVTANTER KUMAR CHADHA	23-May-18	23-May-18	CGHS	300
410	OPD	6064442	1187950	SHIVTANTER KUMAR CHADHA	23-May-18	23-May-18	CGHS	300
411	OPD	6064587	1187843	RAJENDRA SINGH NEGI	23-May-18	23-May-18	CGHS	600
412	OPD	6064662	275521	KAMLESH	23-May-18	23-May-18	CGHS	180
413	OPD	6064714	275461	VEENA BHATIA	23-May-18	23-May-18	CGHS	237
414	OPD	6064865	1187901	USHA BHARDWAJ	23-May-18	23-May-18	CGHS	2,500
451	OPD	6067011	18002523	BIMLA DEVI	22-May-18	22-May-18	CGHS	1,898
				Total Amount				1,07,512

Dr. A.C. Shukla
Medical Superintendent

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
12	21/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	0	0.00	0.00	0.00
13	22/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
14	22/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
15	23/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
16	23/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
17	24/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
18	24/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
19	25/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
20	06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	750.00	0.00	750.00
21	26/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
22	26/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
23	27/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
24	27/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
25	28/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
26	28/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
27	29/06/2018	GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))	1	550.00	0.00	550.00
29	29/06/2018	NEURO-1 (Dr.RENU ACHTANI (DMC 17765),Dr.SAMUDRALA RAGHAVAN (DMC 67532))	1	550.00	0.00	550.00
		CONSULTANT CHARGES :		14,100	0	14,100

358	OPD	6046235	275016	VEENA BHATIA	18-May-18	18-May-18	CGHS	234
359	OPD	6046329	275079	KAMLESH	18-May-18	18-May-18	CGHS	180
360	OPD	6046434	1185727	YAMUNA PRASAD	18-May-18	18-May-18	CGHS	1,135
361	OPD	6046434	274984	YAMUNA PRASAD	18-May-18	18-May-18	CGHS	1,386
362	OPD	6046590	1185707	BIMLA BHASIN	18-May-18	18-May-18	CGHS	848
363	OPD	6046783	1185868	POOJA	18-May-18	18-May-18	CGHS	2,125
364	OPD	6046846	1185759	N P SINGH	18-May-18	18-May-18	CGHS	570
339	OPD	6050712	275162	GANGA DUTT	19-May-18	19-May-18	CGHS	475
340	OPD	6050814	275141	VEENA BHATIA	19-May-18	19-May-18	CGHS	234
333	OPD	6050940	1186289	SUNAINA DEVI SAJWAN	19-May-18	19-May-18	CGHS	300
334	OPD	6050940	1186291	SUNAINA DEVI SAJWAN	19-May-18	19-May-18	CGHS	300
327	OPD	6051179	1186513	SIRI KISHAN	19-May-18	19-May-18	CGHS	58
331	OPD	6051288	1186307	SHAKUNTLA	19-May-18	19-May-18	CGHS	40
342	OPD	6051456	CR 1219669	SHAIL MEHROTRA	19-May-18	19-May-18	CGHS	150
332	OPD	6051586	1186298	RAMESHWAR DASS GUPTA	19-May-18	19-May-18	CGHS	138
335	OPD	6051676	1186187	RAJNISH KUMAR	19-May-18	19-May-18	CGHS	2,000
344	OPD	6051957	CR 1220013	RAGHUNSNDAN LAL	19-May-18	19-May-18	CGHS	150
341	OPD	6052007	CR 1219654	PARAMJIT KAUR	19-May-18	19-May-18	CGHS	150
343	OPD	6052061	CR 1219716	MANAGER SAH	19-May-18	19-May-18	CGHS	150
328	OPD	6052130	1186350	KOUSHALYA DEVI	19-May-18	19-May-18	CGHS	2,977
175	OPD	6052843	1185484	YOGRAJ MADAN	17-May-18	17-May-18	CGHS	58
179	OPD	6052907	1185087	MEENAKSHI BISHT	17-May-18	17-May-18	CGHS	30
178	OPD	6052985	1184132	SUBHASH MALIK	17-May-18	17-May-18	CGHS	645
122	OPD	6053359	1183882	RAGHUNANDAN LAL	13-May-18	13-May-18	CGHS	358
329	OPD	6053444	1186338	KANHIYA LAL	19-May-18	19-May-18	CGHS	28
337	OPD	6053566	275195	KANIHYA LAL	19-May-18	19-May-18	CGHS	150
330	OPD	6053693	1186312	KANHIYA LAL	19-May-18	19-May-18	CGHS	1,062
336	OPD	6053768	275207	KAMLESH	19-May-18	19-May-18	CGHS	180
338	OPD	6053835	275171	GURVINDER KAUR	19-May-18	19-May-18	CGHS	2,875
124	OPD	6053915	1186717	G SUBRAMANIAN	20-May-18	20-May-18	CGHS	5,050
123	OPD	6053983	1186732	G SUBRAMANIAN	20-May-18	20-May-18	CGHS	681
125	OPD	6054069	1186622	P N BHATIA	20-May-18	20-May-18	CGHS	127
126	OPD	6054069	1186625	P N BHATIA	20-May-18	20-May-18	CGHS	925
122	OPD	6054115	1186787	SANT RAM	20-May-18	20-May-18	CGHS	338
113	OPD	6054165	1187260	KAILASH	21-May-18	21-May-18	CGHS	80
117	OPD	6054222	275329	KAMLESH	21-May-18	21-May-18	CGHS	180
116	OPD	6054487	1186934	MANORMA THAKUR	21-May-18	21-May-18	CGHS	957
115	OPD	6054526	1186957	PARMJIT KAUR	21-May-18	21-May-18	CGHS	1,040
118	OPD	6054696	275298	SOBH RAJ	21-May-18	21-May-18	CGHS	1,984
120	OPD	6054736	275270	VEENA BHATIA	21-May-18	21-May-18	CGHS	234
119	OPD	6054801	275290	ASHOK KUMAR	21-May-18	21-May-18	CGHS	518
114	OPD	6054852	1187164	DAVEINDER KUMARI KHURANA	21-May-18	21-May-18	CGHS	70
121	OPD	6054897	CR 1220538	C B SHARMA	21-May-18	21-May-18	CGHS	150
112	OPD	6055112	18002467	NEERU	21-May-18	21-May-18	CGHS	1,898
305	OPD	6055170	18002397	NEERU	19-May-18	19-May-18	CGHS	1,898
302	OPD	6055307	18002435	RAGUBIR SINGH NEGI	21-May-18	21-May-18	CGHS	1,616

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190		
UHID	:- 818544	Old Bill No	:- 18004524
		New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge		
Pay Type	:- SEMI PRIVATE	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
		I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TP/[illegible]CN :- 545221819094227/3194230

Total Authorization : (Rs) 150000

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	DIAGNOSTIC CHARGES					
4	20/06/2018	CBC (COMPLETE BLOOD COUNTS)	1	0.00	0.00	0.00
5	20/06/2018	SERUM CALCIUM	1	0.00	0.00	0.00
6	20/06/2018	SERUM ELECTROLYTES	1	0.00	0.00	0.00
7	20/06/2018	KFT (KIDNEY FUNCTION TEST)	1	0.00	0.00	0.00
8	21/06/2018	BLOOD GAS ANALYSIS (ABG)	0	0.00	0.00	0.00
9	21/06/2018	KFT (KIDNEY FUNCTION TEST)	0	0.00	0.00	0.00
10	21/06/2018	IONISED CALCIUM	0	0.00	0.00	0.00
11	21/06/2018	SERUM MAGNESIUM	0	0.00	0.00	0.00
12	21/06/2018	HISTOPATHOLOGY-MEDIUM SIZE TISSUE	0	0.00	0.00	0.00
13	21/06/2018	CBC (COMPLETE BLOOD COUNTS)	0	0.00	0.00	0.00
14	2[illegible]/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
15	22/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
16	22/06/2018	LABBIO07LFT (PROFILES)	1	840.00	0.00	840.00
17	22/06/2018	LABMIC09URINE CULTURE*	1	480.00	0.00	480.00
18	22/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
19	22/06/2018	LABCP22 URINE ROUTINE & MICROSCOPIC	1	100.00	0.00	100.00
20	22/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
21	23/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
22	23/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
23	23/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
24	24/06/2018	LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
25	24/06/2018	LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
26	24/06/2018	LABBIO01PLASMA SUGAR (RANDOM)	1	90.00	0.00	90.00
27	25/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
28	25/06/2018	LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00

58	OPD	6046235	275016	VEENA BHATIA	18-May-18	18-May-18	CGHS	234
59	OPD	6046329	275079	KAMLESH	18-May-18	18-May-18	CGHS	180
60	OPD	6046434	1185727	YAMUNA PRASAD	18-May-18	18-May-18	CGHS	1,135
61	OPD	6046434	274984	YAMUNA PRASAD	18-May-18	18-May-18	CGHS	1,380
62	OPD	6046590	1185707	BIMLA BHASIN	18-May-18	18-May-18	CGHS	848
63	OPD	6046783	1185868	POOJA	18-May-18	18-May-18	CGHS	2,125
64	OPD	6046846	1185759	N P SINGH	18-May-18	18-May-18	CGHS	570
39	OPD	6050712	275162	GANGA DUTT	19-May-18	19-May-18	CGHS	475
40	OPD	6050814	275141	VEENA BHATIA	19-May-18	19-May-18	CGHS	234
33	OPD	6050940	1186289	SUNAINA DEVI SAJWAN	19-May-18	19-May-18	CGHS	300
34	OPD	6050940	1186291	SUNAINA DEVI SAJWAN	19-May-18	19-May-18	CGHS	300
27	OPD	6051179	1186513	SIRI KISHAN	19-May-18	19-May-18	CGHS	58
31	OPD	6051288	1186307	SHAKUNTLA	19-May-18	19-May-18	CGHS	40
42	OPD	6051456	CR 1219669	SHAIL MEHROTRA	19-May-18	19-May-18	CGHS	150
32	OPD	6051586	1186298	RAMESHWAR DASS GUPTA	19-May-18	19-May-18	CGHS	138
35	OPD	6051676	1186187	RAJNISH KUMAR	19-May-18	19-May-18	CGHS	2,000
44	OPD	6051957	CR 1220013	RAGHUNSNDAN LAL	19-May-18	19-May-18	CGHS	150
41	OPD	6052007	CR 1219654	PARAMJIT KAUR	19-May-18	19-May-18	CGHS	150
43	OPD	6052061	CR 1219716	MANAGER SAH	19-May-18	19-May-18	CGHS	150
28	OPD	6052130	1186350	KOUSHALYA DEVI	19-May-18	19-May-18	CGHS	2,977
75	OPD	6052843	1185484	YOGRAJ MADAN	17-May-18	17-May-18	CGHS	58
79	OPD	6052907	1185087	MEENAKSHI BISHT	17-May-18	17-May-18	CGHS	36
78	OPD	6052985	1184132	SUBHASH MALIK	17-May-18	17-May-18	CGHS	645
22	OPD	6053359	1183882	RAGHUNANDAN LAL	13-May-18	13-May-18	CGHS	356
329	OPD	6053444	1186338	KANHIYA LAL	19-May-18	19-May-18	CGHS	28
337	OPD	6053566	275195	KANIHYA LAL	19-May-18	19-May-18	CGHS	150
330	OPD	6053693	1186312	KANHIYA LAL	19-May-18	19-May-18	CGHS	1,067
336	OPD	6053768	275207	KAMLESH	19-May-18	19-May-18	CGHS	180
338	OPD	6053835	275171	GURVINDER KAUR	19-May-18	19-May-18	CGHS	2,875
324	OPD	6053915	1186717	G SUBRAMANIAN	20-May-18	20-May-18	CGHS	5,050
323	OPD	6053983	1186732	G SUBRAMANIAN	20-May-18	20-May-18	CGHS	682
325	OPD	6054069	1186622	P N BHATIA	20-May-18	20-May-18	CGHS	12
326	OPD	6054069	1186625	P N BHATIA	20-May-18	20-May-18	CGHS	929
322	OPD	6054115	1186787	SANT RAM	20-May-18	20-May-18	CGHS	330
313	OPD	6054165	1187260	KAILASH	21-May-18	21-May-18	CGHS	80
317	OPD	6054222	275329	KAMLESH	21-May-18	21-May-18	CGHS	180
316	OPD	6054487	1186934	MANORMA THAKUR	21-May-18	21-May-18	CGHS	957
315	OPD	6054526	1186957	PARMJIT KAUR	21-May-18	21-May-18	CGHS	1,040
318	OPD	6054696	275298	SOBH RAJ	21-May-18	21-May-18	CGHS	1,984
320	OPD	6054736	275270	VEENA BHATIA	21-May-18	21-May-18	CGHS	234
319	OPD	6054801	275290	ASHOK KUMAR	21-May-18	21-May-18	CGHS	518
314	OPD	6054852	1187164	DAVEINDER KUMARI KHURANA	21-May-18	21-May-18	CGHS	70
321	OPD	6054897	CR 1220538	C B SHARMA	21-May-18	21-May-18	CGHS	150
312	OPD	6055112	18002467	NEERU	21-May-18	21-May-18	CGHS	1,898
305	OPD	6055170	18002397	NEERU	19-May-18	19-May-18	CGHS	1,898
302	OPD	6055307	18002435	RAGUBIR SINGH NEGI	21-May-18	21-May-18	CGHS	1,610

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
29	25/06/2018 LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
30	25/06/2018 LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
31	26/06/2018 LABBIO13BLOOD GAS ANALYSIS (ABG)	1	960.00	0.00	960.00
32	26/06/2018 LABBIO06KFT (KIDNEY FUNCTION TEST)	1	870.00	0.00	870.00
33	26/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
34	26/06/2018 LABHEM3CBC (COMPLETE BLOOD COUNTS)	1	240.00	0.00	240.00
35	27/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
36	27/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
37	28/06/2018 LABBIO11SERUM ELECTROLYTES	1	390.00	0.00	390.00
39	19/06/2018 ABDOMEN ERECT	0	0.00	0.00	0.00
40	21/06/2018 CHEST AP/PA	0	0.00	0.00	0.00
41	22/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
42	06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
43	25/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
44	26/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
45	28/06/2018 XR024 CHEST AP/PA	1	310.00	0.00	310.00
	DIAGNOSTIC CHARGES :		14,190	0	14,190
	PACKAGE CHARGES				
1	19/06/2018 GIPSA002LAP INGUINAL HERNIOPLASTY-BILATERAL+COST OF MESH EXTRA (GIPSA)	1	41,400.00	0.00	41,400.00
	PACKAGE CHARGES :		41,400	0	41,400
	PHARMACY				
	OT 1				
1	19/06/2018 VERFEN (FENTANYL CITRATE) 2ML INJ (HR)	1	0.00	0.00	0.00

7747	OPD	6024452	1183496	SOHAN SINGH	12-May-18	12-May-18	CGHS	380
7748	OPD	6024452	274503	SOHAN SINGH	12-May-18	12-May-18	CGHS	518
7749	OPD	6024509	1182658	SHANTA BHAKRI	10-May-18	10-May-18	CGHS	336
7750	OPD	6024509	274315	SHANTA BHAKRI	10-May-18	10-May-18	CGHS	518
7752	OPD	6028471	274764	UMED SINGH	16-May-18	16-May-18	CGHS	518
7753	OPD	6028471	1184934	UMED SINGH	16-May-18	16-May-18	CGHS	735
7756	OPD	6028564	1184969	SUKANYA	16-May-18	16-May-18	CGHS	715
7751	OPD	6028643	274857	KAMLESH	16-May-18	16-May-18	CGHS	180
7759	OPD	6028707	274754	KAMLESH	15-May-18	15-May-18	CGHS	180
7763	OPD	6028795	1184527	SATYA PRAKASH GUPTA	15-May-18	15-May-18	CGHS	779
7764	OPD	6028865	1184612	JARNAIL SINGH	15-May-18	15-May-18	CGHS	410
7760	OPD	6028919	1184513	UMA MONGA	15-May-18	15-May-18	CGHS	3,434
7761	OPD	6028919	1184515	UMA MONGA	15-May-18	15-May-18	CGHS	300
7762	OPD	6028919	1184517	UMA MONGA	15-May-18	15-May-18	CGHS	300
7739	[illegible]	6029041	18002198	RAJNISH KUMAR	16-May-18	16-May-18	CGHS	1,898
7755	OPD	6029092	274766	VIJAY SINGH	16-May-18	16-May-18	CGHS	90
7754	OPD	6029172	274765	C PAUL	16-May-18	16-May-18	CGHS	90
7758	OPD	6029242	274686	VIJAY SINGH	15-May-18	15-May-18	CGHS	90
7757	OPD	6029309	274683	C PAUL	15-May-18	15-May-18	CGHS	90
7782	OPD	6032185	1184995	KANHIYA LAL	16-May-18	16-May-18	CGHS	85
7767	OPD	6032251	274874	C PAUL	17-May-18	17-May-18	CGHS	90
7769	OPD	6033057	274910	SANTOSH DEVI	17-May-18	17-May-18	CGHS	1,380
7770	OPD	6033057	274908	SANTOSH DEVI	17-May-18	17-May-18	CGHS	475
7771	OPD	6033057	1185360	SANTOSH DEVI	17-May-18	17-May-18	CGHS	1,735
7780	OPD	6033200	1185082	LAXMI BISHT	16-May-18	16-May-18	CGHS	300
7781	OPD	6033200	1185073	LAXMI BISHT	16-May-18	16-May-18	CGHS	887
7765	OPD	6033290	274944	KISMAT SHARMA	17-May-18	17-May-18	CGHS	1,380
7766	OPD	6033290	1185472	KISMAT SHARMA	17-May-18	17-May-18	CGHS	280
7772	OPD	6033346	274927	VEENA BHATIA	17-May-18	17-May-18	CGHS	234
7774	OPD	6033412	1185368	MAN MOHAN SINGH	17-May-18	17-May-18	CGHS	618
7783	O[illegible]	6033489	1184919	OM PRAKASH SHARMA	16-May-18	16-May-18	CGHS	1,083
7784	OPD	6033489	274763	OM PRAKASH SHARMA	16-May-18	16-May-18	CGHS	518
7768	OPD	6033563	274879	VIJAY SINGH	17-May-18	17-May-18	CGHS	90
7773	OPD	6033620	274965	KAMLESH	17-May-18	17-May-18	CGHS	180
7777	OPD	6033685	18002264	KRISHNA SHARMA	17-May-18	17-May-18	CGHS	1,610
7776	OPD	6033734	18002282	NEERU	17-May-18	17-May-18	CGHS	1,898
7852	OPD	6044717	1185724	M L BREJA	18-May-18	18-May-18	CGHS	70
7719	OPD	6044787	18002133	KAMLESH DEVI	15-May-18	15-May-18	CGHS	1,610
7740	OPD	6044890	18002188	BIMLA DEVI	15-May-18	15-May-18	CGHS	1,898
7853	OPD	6045261	CR 1219232	DESH RAJ YADAV	18-May-18	18-May-18	CGHS	150
7793	OPD	6045549	18002300	KAMLESH	18-May-18	18-May-18	CGHS	1,610
7794	OPD	6045644	18002351	BILMA DEVI	18-May-18	18-May-18	CGHS	1,898
7854	OPD	6045875	1185711	VEENA	18-May-18	18-May-18	CGHS	380
7855	OPD	6045875	274978	VEENA	18-May-18	18-May-18	CGHS	518
7856	OPD	6045975	274982	C PAUL	18-May-18	18-May-18	CGHS	90
7857	OPD	6046086	275008	CHANDRO DEVI	18-May-18	18-May-18	CGHS	750

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
		Gst No	:- 07AACCR3893H1Z4
Patient Name :	:- Mr. HARI RAM	Bill Date	:- 29-Jun-18
Relation to Proposer:	:- Self	Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Patient Adress	:- B-79 OLD JANAKI PURI	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA-CCN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
2	21/06/2018	ISOFLORIN/FORANE--250ML	0	248.85	0.00	248.85
3	21/06/2018	VERFEN (FENTANYL CITRATE) 2ML INJ (HR)	1	46.00	0.00	46.00
		OT STORE				
4	19/06/2018	PREMILENE MESH(10CM*15CM) (4X6)B/BRAUN	1	2,500.00	0.00	2,500.00
5	19/06/2018	PREMILENE MESH(7.5CM*15CM) 3*6(82G/M2)	1	1,800.00	0.00	1,800.00
6	19/06/2018	BANDAGE--6"	1	0.00	0.00	0.00
7	19/06/2018	ETHILON 2-0(NW-3336) R/C	2	0.00	0.00	0.00
8	19/06/2018	DAFILON 3-0 (G0935352IN) C/C 3328	1	0.00	0.00	0.00
9	19/06/2018	GLOVES 6.5" (SURGICARE)	3	0.00	0.00	0.00
10	19/06/2018	GLOVES 7.5"(SURGICARE)	2	0.00	0.00	0.00
11	19/06/2018	GLOVES 7.5"(SURGICARE)	4	0.00	0.00	0.00
12	[illegible]06/2018	PLAIN SHEET 200X120CM (D301)	2	0.00	0.00	0.00
13	19/06/2018	PROLENE 2-0 (NW 844) R/B	1	0.00	0.00	0.00
14	19/06/2018	VICRYL 2-0(NW--2317)R/B	2	0.00	0.00	0.00
15	19/06/2018	ANAWIN HEAVY (BUPIVACAINE) 0.5% 4.0ML INJ	2	0.00	0.00	0.00
16	19/06/2018	ECG ELECTRODS (NIKO)	3	0.00	0.00	0.00
17	19/06/2018	TAZOWIN (PENTAZOCINE LACTATE)--1.0ML (EMR) (H1) INJ	1	0.00	0.00	0.00
18	19/06/2018	GLOVES 6.5" (SURGICARE)	2	0.00	0.00	0.00
19	19/06/2018	I.V.SET (POLYMED)	1	0.00	0.00	0.00
20	19/06/2018	LOXICARD (LIGNOCAINE)--50ML VIALS	1	0.00	0.00	0.00
21	19/06/2018	NS--500ML (ALBERT DAVID) I/V	3	0.00	0.00	0.00
22	19/06/2018	OXYGEN MASK(A) POLYMED	1	0.00	0.00	0.00
23	19/06/2018	PHENPRES(PHENYLEPHRINE HCL) 10MG INJ	1	0.00	0.00	0.00
24	19/06/2018	VOLUVEN 500ML I/V	1	0.00	0.00	0.00

7747	OPD	6024452	1183496	SOHAN SINGH	12-May-18	12-May-18	CGHS	380
7748	OPD	6024452	274503	SOHAN SINGH	12-May-18	12-May-18	CGHS	518
7749	OPD	6024509	1182658	SHANTA BHAKRI	10-May-18	10-May-18	CGHS	380
7750	OPD	6024509	274315	SHANTA BHAKRI	10-May-18	10-May-18	CGHS	518
7752	OPD	6028471	274764	UMED SINGH	16-May-18	16-May-18	CGHS	518
7753	OPD	6028471	1184934	UMED SINGH	16-May-18	16-May-18	CGHS	739
7756	OPD	6028564	1184969	SUKANYA	16-May-18	16-May-18	CGHS	713
7751	OPD	6028643	274857	KAMLESH	16-May-18	16-May-18	CGHS	180
7759	OPD	6028707	274754	KAMLESH	15-May-18	15-May-18	CGHS	180
7763	OPD	6028795	1184527	SATYA PRAKASH GUPTA	15-May-18	15-May-18	CGHS	779
7764	OPD	6028865	1184612	JARNAIL SINGH	15-May-18	15-May-18	CGHS	410
7760	OPD	6028919	1184513	UMA MONGA	15-May-18	15-May-18	CGHS	3,434
7761	OPD	6028919	1184515	UMA MONGA	15-May-18	15-May-18	CGHS	300
7762	OPD	6028919	1184517	UMA MONGA	15-May-18	15-May-18	CGHS	300
7739	[illegible]	6029041	18002198	RAJNISH KUMAR	16-May-18	16-May-18	CGHS	1,898
7755	OPD	6029092	274766	VIJAY SINGH	16-May-18	16-May-18	CGHS	90
7754	OPD	6029172	274765	C PAUL	16-May-18	16-May-18	CGHS	90
7758	OPD	6029242	274686	VIJAY SINGH	15-May-18	15-May-18	CGHS	90
7757	OPD	6029309	274683	C PAUL	15-May-18	15-May-18	CGHS	90
7782	OPD	6032185	1184995	KANHIYA LAL	16-May-18	16-May-18	CGHS	85
7767	OPD	6032251	274874	C PAUL	17-May-18	17-May-18	CGHS	90
7769	OPD	6033057	274910	SANTOSH DEVI	17-May-18	17-May-18	CGHS	1,380
7770	OPD	6033057	274908	SANTOSH DEVI	17-May-18	17-May-18	CGHS	475
7771	OPD	6033057	1185360	SANTOSH DEVI	17-May-18	17-May-18	CGHS	1,735
7780	OPD	6033200	1185082	LAXMI BISHT	16-May-18	16-May-18	CGHS	300
7781	OPD	6033200	1185073	LAXMI BISHT	16-May-18	16-May-18	CGHS	887
7765	OPD	6033290	274944	KISMAT SHARMA	17-May-18	17-May-18	CGHS	1,380
7766	OPD	6033290	1185472	KISMAT SHARMA	17-May-18	17-May-18	CGHS	280
7772	OPD	6033346	274927	VEENA BHATIA	17-May-18	17-May-18	CGHS	234
7774	OPD	6033412	1185368	MAN MOHAN SINGH	17-May-18	17-May-18	CGHS	618
7783	OPD	6033489	1184919	OM PRAKASH SHARMA	16-May-18	16-May-18	CGHS	1,083
7784	OPD	6033489	274763	OM PRAKASH SHARMA	16-May-18	16-May-18	CGHS	518
7768	OPD	6033563	274879	VIJAY SINGH	17-May-18	17-May-18	CGHS	90
7773	OPD	6033620	274965	KAMLESH	17-May-18	17-May-18	CGHS	180
7777	OPD	6033685	18002264	KRISHNA SHARMA	17-May-18	17-May-18	CGHS	1,610
7776	OPD	6033734	18002282	NEERU	17-May-18	17-May-18	CGHS	1,898
7852	OPD	6044717	1185724	M L BREJA	18-May-18	18-May-18	CGHS	70
7719	OPD	6044787	18002133	KAMLESH DEVI	15-May-18	15-May-18	CGHS	1,610
7740	OPD	6044890	18002188	BIMLA DEVI	15-May-18	15-May-18	CGHS	1,898
7853	OPD	6045261	CR 1219232	DESH RAJ YADAV	18-May-18	18-May-18	CGHS	150
7793	OPD	6045549	18002300	KAMLESH	18-May-18	18-May-18	CGHS	1,610
7794	OPD	6045644	18002351	BILMA DEVI	18-May-18	18-May-18	CGHS	1,898
7854	OPD	6045875	1185711	VEENA	18-May-18	18-May-18	CGHS	380
7855	OPD	6045875	274978	VEENA	18-May-18	18-May-18	CGHS	518
7856	OPD	6045975	274982	C PAUL	18-May-18	18-May-18	CGHS	90
7857	OPD	6046086	275008	CHANDRO DEVI	18-May-18	18-May-18	CGHS	750

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA-CCN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
25	19/06/2018	SPINAL NEEDLE 26G (BD)	2	0.00	0.00	0.00
26	22/06/2018	VICRYL 2-0(NW--2317)R/B	2	1,190.00	0.00	1,190.00
27	22/06/2018	SKIN STAPLER (COVIDIEN)	1	900.00	0.00	900.00
28	22/06/2018	PDS II 1 (NW 9262) LOOP 1/2 CIRCLE	1	764.00	0.00	764.00
29	22/06/2018	SURGEON GOWN SMS	2	350.00	0.00	350.00
30	22/06/2018	MERSILK 3-0(NW 5087)R/B	2	224.00	0.00	224.00
31	22/06/2018	NEOSPORIN--5.0GM OINTMENT	1	37.25	0.00	37.25
		PHARMACY 1				
32	19/06/2018	NS 100ML (SPPL)	2	0.00	0.00	0.00
33	19/06/2018	RL 500ML (ALBERT DAVID)	2	0.00	0.00	0.00
34	19/06/2018	SYRINGE 2ML(DISPOVAN)	2	0.00	0.00	0.00
35	19/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	1	0.00	0.00	0.00
36	19/06/2018	GLOVES EXAMINATION (LATEX)	12	0.00	0.00	0.00
37	19/06/2018	LOX (LIGNOCAINE 2% JELLY)--30G JELLY	2	0.00	0.00	0.00
38	19/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	2	0.00	0.00	0.00
39	19/06/2018	NS 500ML (AXA)	2	0.00	0.00	0.00
40	19/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
41	19/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
42	19/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	0.00	0.00	0.00
43	19/06/2018	RYLES TUBE NO. 16 (POLYMED)	1	0.00	0.00	0.00
44	19/06/2018	SYRINGE 20ML(DISPOVAN)	1	0.00	0.00	0.00
45	19/06/2018	SYRINGE 2ML(DISPOVAN)	4	0.00	0.00	0.00
46	19/06/2018	UROBAG ADULT (POLYMED)	2	0.00	0.00	0.00
47	19/06/2018	VACCU SUCTION SET (POLYMED)	1	0.00	0.00	0.00
48	19/06/2018	FOLEYS CATHETER (16) 2WAY (POLYMED)	1	0.00	0.00	0.00

6	OPD	6014801	18001966	KAMLESH DEVI	11-May-18	11-May-18	CGHS	1,898
7	OPD	6014881	1183098	ASHOK KUMAR	11-May-18	11-May-18	CGHS	600
8	OPD	6014944	1182998	B CHANDRA SHEKHAR BHAT	11-May-18	11-May-18	CGHS	2,868
9	OPD	6014999	274373	VIJAY SINGH	11-May-18	11-May-18	CGHS	90
10	OPD	6015059	274401	C PAUL	11-May-18	11-May-18	CGHS	90
11	OPD	6015059	1183044	C PAUL	11-May-18	11-May-18	CGHS	150
12	OPD	6015106	274410	SUNITA MALHOTRA	11-May-18	11-May-18	CGHS	180
13	OPD	6015106	274417	SUNITA MALHOTRA	11-May-18	11-May-18	CGHS	174
14	OPD	6015137	1183500	KARAN SINGH	12-May-18	12-May-18	CGHS	6,609
15	OPD	6015182	274496	VIJAY SINGH	12-May-18	12-May-18	CGHS	90
16	OPD	6015225	274459	C PAUL	12-May-18	12-May-18	CGHS	90
17	OPD	6015257	274511	SUNITA MALHOTRA	12-May-18	12-May-18	CGHS	58
18	OPD	6015257	274510	SUNITA MALHOTRA	12-May-18	12-May-18	CGHS	238
19	OPD	6015304	1182602	KANHIYA LAL	10-May-18	10-May-18	CGHS	420
20	OPD	6015348	1182655	RAJNI	10-May-18	10-May-18	CGHS	315
21	OPD	6015436	274303	HETU LAL	10-May-18	10-May-18	CGHS	2,875
22	OPD	6015494	CR 1215903	LAXMI DEVI	10-May-18	10-May-18	CGHS	150
23	OPD	6015494	1182791	LAXMI DEVI	10-May-18	10-May-18	CGHS	70
				Total Amount				23,566

Dr. A.C. Shukla
Medical Superintendent

O,

TI INFRASTRUCTURE TECHNOLOGY SERVICES LIMITED,

28-May-18

/28,Ground Floor
unlight Building
saf Ali Road
lew Delhi-110002

ubject :- OPD Bill.

Ve are enclosing herewith the following bills for payment.

No	Bill Type	Claim Id No	Bill No	Patient Name	Doa	Dod	Psu Name	Bill Amount
727	OPD	6023602	274592	VIJAY SINGH	14-May-18	14-May-18	CGHS	90
724	OPD	6023656	1184148	KRISHNA SHARMA	14-May-18	14-May-18	CGHS	67
725	OPD	6023725	1184089	SATYA RANI	14-May-18	14-May-18	CGHS	54
746	OPD	6024452	1183483	SOHAN SINGH	12-May-18	12-May-18	CGHS	730

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Patient Adress	:- B-79 OLD JANAKI PURI	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
49	20/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	2	0.00	0.00	0.00
50	20/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	0.00	0.00	0.00
51	20/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	0.00	0.00	0.00
52	20/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	2	0.00	0.00	0.00
53	20/06/2018	NEEDLE DISPO (26G) DISPOVAN	1	0.00	0.00	0.00
54	20/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	0.00	0.00	0.00
55	20/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	2	0.00	0.00	0.00
56	20/06/2018	SYRINGE 10ML(DISPOVAN)	5	0.00	0.00	0.00
57	20/06/2018	SYRINGE 1ML(DISPOVAN) 40IU	2	0.00	0.00	0.00
58	20/06/2018	SYRINGE 5ML(DISPOVAN)	4	0.00	0.00	0.00
59	20/06/2018	I.V CANNULA 20G (POLYMED)	1	0.00	0.00	0.00
60	20/06/2018	DNS 500ML (INFUTEC)	1	0.00	0.00	0.00
61	20/06/2018	GLOVES EXAMINATION (LATEX)	6	0.00	0.00	0.00
62	20/06/2018	RL 500ML (ALBERT DAVID)	1	0.00	0.00	0.00
63	20/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	0.00	0.00	0.00
64	20/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	8	0.00	0.00	0.00
65	20/06/2018	DUOLIN (2.5ML) RESP. (EMR)	10	0.00	0.00	0.00
66	20/06/2018	HEXIDINE (80ML) MOUTH WASH	1	0.00	0.00	0.00
67	20/06/2018	MEFTAL---250MG TAB	3	0.00	0.00	0.00
68	20/06/2018	MEZOLAM (MIDAZOLAM)--5.0ML VIALS (HR) (H1)	1	0.00	0.00	0.00
69	20/06/2018	NS 100ML (SPPL)	3	0.00	0.00	0.00
70	20/06/2018	REDOTIL (RACECADOTRIL)--100MG CAP	8	0.00	0.00	0.00
71	20/06/2018	RL 500ML (ALBERT DAVID)	2	0.00	0.00	0.00
72	20/06/2018	SYRINGE 10ML(DISPOVAN)	5	0.00	0.00	0.00
73	20/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	0.00	0.00	0.00

6	OPD	6014801	18001966	KAMLESH DEVI	11-May-18	11-May-18	CGHS	1,898
7	OPD	6014881	1183098	ASHOK KUMAR	11-May-18	11-May-18	CGHS	60(
8	OPD	6014944	1182998	B CHANDRA SHEKHAR BHAT	11-May-18	11-May-18	CGHS	2,868
9	OPD	6014999	274373	VIJAY SINGH	11-May-18	11-May-18	CGHS	9(
10	OPD	6015059	274401	C PAUL	11-May-18	11-May-18	CGHS	9(
11	OPD	6015059	1183044	C PAUL	11-May-18	11-May-18	CGHS	15(
12	OPD	6015106	274410	SUNITA MALHOTRA	11-May-18	11-May-18	CGHS	18(
13	OPD	6015106	274417	SUNITA MALHOTRA	11-May-18	11-May-18	CGHS	174
14	OPD	6015137	1183500	KARAN SINGH	12-May-18	12-May-18	CGHS	6,609
15	OPD	6015182	274496	VIJAY SINGH	12-May-18	12-May-18	CGHS	9(
16	OPD	6015225	274459	C PAUL	12-May-18	12-May-18	CGHS	9(
17	OPD	6015257	274511	SUNITA MALHOTRA	12-May-18	12-May-18	CGHS	58
18	OPD	6015257	274510	SUNITA MALHOTRA	12-May-18	12-May-18	CGHS	238
19	OPD	6015304	1182602	KANHIYA LAL	10-May-18	10-May-18	CGHS	42(
20		6015348	1182655	RAJNI	10-May-18	10-May-18	CGHS	31
21	OPD	6015436	274303	HETU LAL	10-May-18	10-May-18	CGHS	2,87
22	OPD	6015494	CR 1215903	LAXMI DEVI	10-May-18	10-May-18	CGHS	15(
23	OPD	6015494	1182791	LAXMI DEVI	10-May-18	10-May-18	CGHS	70
				Total Amount				23,56

Dr. A.C. Shukla
Medical Superintendent

O,
ITI INFRASTRUCTURE TECHNOLOGY SERVICES LIMITED,
/28,Ground Floor
unlight Building
saf Ali Road
ew Delhi-110002

28-May-18

ubject :- OPD Bill.
/e are enclosing herewith the following bills for payment.

No	Bill Type	Claim Id No	Bill No	Patient Name	Doa	Dod	Psu Name	Bill Amount
727	OPD	6023602	274592	VIJAY SINGH	14-May-18	14-May-18	CGHS	9(
724	OPD	6023656	1184148	KRISHNA SHARMA	14-May-18	14-May-18	CGHS	67
725	OPD	6023725	1184089	SATYA RANI	14-May-18	14-May-18	CGHS	5
746	OPD	6024452	1183483	SOHAN SINGH	12-May-18	12-May-18	CGHS	73(

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA-SCN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.		Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
74	20/06/2018	TAZOWIN (PENTAZOCINE LACTATE)--1.0ML (EMR) (H1) INJ	3	0.00	0.00	0.00
75	20/06/2018	VIZYLAC CAP	8	0.00	0.00	0.00
76	21/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	3	1,020.00	0.00	1,020.00
77	21/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	2	855.38	0.00	855.38
78	21/06/2018	A DRAIN KIT (32) ROMSONS	2	704.00	0.00	704.00
79	21/06/2018	HME FILTER FOR VENTILATOR CIRCUIT (LIFESOL)	1	550.00	0.00	550.00
80	21/06/2018	PLAIN SHEET 200X120CM (D301)	2	420.00	0.00	420.00
81	21/06/2018	ATRAPURE (ATRACURIUM)--2.5ML INJ (HR)	3	395.16	0.00	395.16
82	21/06/2018	VACCU SUCTION SET (POLYMED)	1	372.00	0.00	372.00
83	21/06/2018	BI---CONNECTOR (LAMED)	1	350.00	0.00	350.00
84	06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
85	21/06/2018	NS 1000ML (AXA)	6	285.42	0.00	285.42
86	21/06/2018	OXYGEN MASK(A) POLYMED	1	262.00	0.00	262.00
87	21/06/2018	AIRWAY NEBULIZER WITH T CON	1	250.00	0.00	250.00
88	21/06/2018	BLOOD SET (LAMED)	2	238.00	0.00	238.00
89	21/06/2018	ETHILON 2-0(NW-3336) R/C	1	197.00	0.00	197.00
90	21/06/2018	ET TUBE NO. 7.5 CUFF (PORTEX)	1	185.00	0.00	185.00
91	21/06/2018	PM LINE 200CM (POLYMED)	1	180.00	0.00	180.00
92	21/06/2018	MV SET (P.D.SET) POLYMED	1	178.00	0.00	178.00
93	21/06/2018	GLOVES 7.0"(SURGICARE)	3	147.00	0.00	147.00
94	21/06/2018	GLOVES 6.5" (SURGICARE)	3	147.00	0.00	147.00
95	21/06/2018	GLOVES 7.5"(SURGICARE)	3	147.00	0.00	147.00
96	21/06/2018	NEOROF (PROPOFOL) (1%W/V)- 20ML NEON (HR)	1	146.25	0.00	146.25
97	21/06/2018	THREE WAY CANNULA (POLYMED)	1	130.00	0.00	130.00

3	OPD	5994690	1181708	CHAEMLI DEVI	08-May-18	08-May-18	CGHS	889
4	OPD	5994767	274134	KANTA	08-May-18	08-May-18	CGHS	75(
5	OPD	5994827	274107	MAHIPAL SINGH BISHT	08-May-18	08-May-18	CGHS	562
6	OPD	5994922	274105	SUNITA MALHOTRA	08-May-18	08-May-18	CGHS	354
7	OPD	5994986	274081	JASHBIR SINGH	08-May-18	08-May-18	CGHS	198
8	OPD	5995054	1214467	DALIP KAUR	07-May-18	07-May-18	CGHS	150
9	OPD	5995054	1181425	DALIP KAUR	07-May-18	07-May-18	CGHS	381
10	OPD	5995194	1180380	PRAKASI DEVI	05-May-18	05-May-18	CGHS	58
11	OPD	5995399	18001810	BIMLA DEVI	08-May-18	08-May-18	CGHS	1,898
12	OPD	5995654	1181742	JATIN	08-May-18	05-May-18	CGHS	30(
13	OPD	5998045	1214496	RENUKA GUPTA	07-May-18	07-May-18	CGHS	15(
14	OPD	5998045	274154	RENUKA GUPTA	08-May-18	08-May-18	CGHS	2,29(
15	OPD	6000165	18001849	RAJINISH KUMAR	09-May-18	09-May-18	CGHS	1,898
16	OPD	6000221	CR 1215182	RAVINDER KUMAR MALHOTRA	10-May-18	10-May-18	CGHS	15(
17	OPD	6000308	274234	RAMA CHOPRA	10-May-18	10-May-18	CGHS	15(
18	OPD	6000308	274236	RAMA CHOPRA	10-May-18	10-May-18	CGHS	1,38(
19	OPD	6000308	1182278	RAM CHOPRA	10-May-18	10-May-18	CGHS	1,55(
20	OPD	6000377	1182154	MANJU SHARAM	10-May-18	10-May-18	CGHS	1,234
21	OPD	6000435	1182223	DHANI RAM	10-May-18	10-May-18	CGHS	30(
22	OPD	6000435	1182226	DHANI RAM	10-May-18	10-May-18	CGHS	30(
23	OPD	6000472	274200	SUNITA MALHOTRA	10-May-18	10-May-18	CGHS	354
24	OPD	6000529	1182105	UMA MIGLANI	10-May-18	10-May-18	CGHS	8(
				Total Amount				16,063

Dr. A.C. Shukla
Medical Superintendent

No.	Bill Type	Claim Id No	Bill No	Patient Name	Doa	Dod	Psu Name	Bill Amount
	OPD	6012305	274327	VIJAY SINGH	10-May-18	10-May-18	CGHS	9(
	OPD	6014436	274317	SUNITA MALHOTRA	10-May-18	10-May-18	CGHS	18(
	OPD	6014505	18002005	RAJNISH KUMAR	12-May-18	12-May-18	CGHS	1,898
	OPD	6014597	18001922	NEERU	10-May-18	10-May-18	CGHS	1,898
	OPD	6014666	18001993	BILMA DEVI	11-May-18	11-May-18	CGHS	1,898

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TP[illegible]CN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
98 21/06/2018	I.V.SET (POLYMED)	1	118.00	0.00	118.00
99 21/06/2018	OFLOGLAN (OFLOXACIN)--100ML 200MG I/V	1	105.00	0.00	105.00
100 21/06/2018	RL 500ML (ALBERT DAVID)	2	95.38	0.00	95.38
101 21/06/2018	ECG ELECTRODS (NIKO)	5	90.00	0.00	90.00
102 21/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	4	85.00	0.00	85.00
103 21/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	5	84.95	0.00	84.95
104 21/06/2018	ANAWIN 0.5% 20ML INJ(BUPIVACAINE HCL)	1	79.25	0.00	79.25
105 21/06/2018	TRANEMIC (TRAXENAMIC ACID)--500MG/5.0ML INJ	1	71.13	0.00	71.13
106 21/06/2018	SYRINGE 50ML(DISPOVAN)	2	70.00	0.00	70.00
107 21/06/2018	SYRINGE 10ML(DISPOVAN)	8	68.00	0.00	68.00
108 21/06/2018	DNS 500ML (INFUTEC)	2	64.52	0.00	64.52
109 21/06/2018	SUCTION CATH NO 14 (POLYMED)	1	56.00	0.00	56.00
110 21/06/2018	NORAD (NORADRENALINE) 2MG/2ML INJ (HR)	1	52.35	0.00	52.35
111 21/06/2018	SUCTION CATH. NO 10 (POLYMED)	1	51.50	0.00	51.50
112 21/06/2018	PYROLATE (GLYCOPYROLATE)--1.0ML INJ	4	47.80	0.00	47.80
113 21/06/2018	SUCOL (SUCCINYL CHOLINE)--10ML VIALS (HR)	1	46.03	0.00	46.03
114 21/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
115 21/06/2018	SYRINGE 5ML(DISPOVAN)	6	39.00	0.00	39.00
116 21/06/2018	SUCCICORT (HYDROCORTISONE)--100MG VIALS (EMR)	1	36.00	0.00	36.00
117 21/06/2018	SYRINGE 20ML(DISPOVAN)	2	36.00	0.00	36.00
118 21/06/2018	SYRINGE 50ML(DISPOVAN)	1	35.00	0.00	35.00
119 21/06/2018	SODABICARB (SODIUM BICARBONATE)--25ML INJ (HR)	1	32.76	0.00	32.76
120 21/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
121 21/06/2018	NS 500ML (AXA)	1	28.33	0.00	28.33

3	OPD	5994690	1181708	CHAEMLI DEVI	08-May-18	08-May-18	CGHS	889
4	OPD	5994767	274134	KANTA	08-May-18	08-May-18	CGHS	750
5	OPD	5994827	274107	MAHIPAL SINGH BISHT	08-May-18	08-May-18	CGHS	562
6	OPD	5994922	274105	SUNITA MALHOTRA	08-May-18	08-May-18	CGHS	354
7	OPD	5994986	274081	JASHBIR SINGH	08-May-18	08-May-18	CGHS	198
8	OPD	5995054	1214467	DALIP KAUR	07-May-18	07-May-18	CGHS	150
9	OPD	5995054	1181425	DALIP KAUR	07-May-18	07-May-18	CGHS	383
10	OPD	5995194	1180380	PRAKASI DEVI	05-May-18	05-May-18	CGHS	58
11	OPD	5995399	18001810	BIMLA DEVI	08-May-18	08-May-18	CGHS	1,898
12	OPD	5995654	1181742	JATIN	08-May-18	05-May-18	CGHS	300
13	OPD	5998045	1214496	RENUKA GUPTA	07-May-18	07-May-18	CGHS	150
14	OPD	5998045	274154	RENUKA GUPTA	08-May-18	08-May-18	CGHS	2,290
15	OPD	6000165	18001849	RAJINISH KUMAR	09-May-18	09-May-18	CGHS	1,898
16	OPD	6000221	CR 1215182	RAVINDER KUMAR MALHOTRA	10-May-18	10-May-18	CGHS	150
17	OPD	6000308	274234	RAMA CHOPRA	10-May-18	10-May-18	CGHS	150
18	OPD	6000308	274236	RAMA CHOPRA	10-May-18	10-May-18	CGHS	1,380
19	OPD	6000308	1182278	RAM CHOPRA	10-May-18	10-May-18	CGHS	1,550
20	OPD	6000377	1182154	MANJU SHARAM	10-May-18	10-May-18	CGHS	1,234
21	OPD	6000435	1182223	DHANI RAM	10-May-18	10-May-18	CGHS	300
22	OPD	6000435	1182226	DHANI RAM	10-May-18	10-May-18	CGHS	300
23	OPD	6000472	274200	SUNITA MALHOTRA	10-May-18	10-May-18	CGHS	354
24	OPD	6000529	1182105	UMA MIGLANI	10-May-18	10-May-18	CGHS	80
				Total Amount				16,063

Dr. A.C. Shukla
Medical Superintendent

No	Bill Type	Claim Id No	Bill No	Patient Name	Doa	Dod	Psu Name	Bill Amount
	OPD	6012305	274327	VIJAY SINGH	10-May-18	10-May-18	CGHS	90
	OPD	6014436	274317	SUNITA MALHOTRA	10-May-18	10-May-18	CGHS	180
	OPD	6014505	18002005	RAJNISH KUMAR	12-May-18	12-May-18	CGHS	1,898
	OPD	6014597	18001922	NEERU	10-May-18	10-May-18	CGHS	1,898
	OPD	6014666	18001993	BILMA DEVI	11-May-18	11-May-18	CGHS	1,898

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
12221/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
12321/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
12421/06/2018	MYOSTIGMIN (NEOSTIGMINE)--1.0ML INJECTION	5	22.00	0.00	22.00
12521/06/2018	SYRINGE 2ML(DISPOVAN)	4	18.00	0.00	18.00
12621/06/2018	SYRINGE 10ML(DISPOVAN)	2	17.00	0.00	17.00
12721/06/2018	DUPAN (PANTOPRAZOLE)--40MG TAB	2	14.00	0.00	14.00
12821/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
12921/06/2018	MYOSTIGMIN (NEOSTIGMINE)--1.0ML INJECTION	2	8.80	0.00	8.80
13021/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	1	3.20	0.00	3.20
13122/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	680.00	0.00	680.00
132[illegible]/06/2018	LUNGCISER (LA-MED) (RESPICISER)	1	550.00	0.00	550.00
1332[illegible]/06/2018	OFLIN (OFLOXACIN)--200MG/100ML IV	2	264.60	0.00	264.60
13422/06/2018	I.V CANNULA 20G (POLYMED)	2	262.00	0.00	262.00
13522/06/2018	BLOOD SET (LAMED)	2	238.00	0.00	238.00
13622/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
13722/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	4	81.80	0.00	81.80
13822/06/2018	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR)	2	49.26	0.00	49.26
13922/06/2018	HEXIDINE (80ML) MOUTH WASH	1	44.70	0.00	44.70
14022/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
14122/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
14222/06/2018	DUOLIN (2.5ML) RESP. (EMR)	4	42.36	0.00	42.36
14322/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
14422/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
14522/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
14622/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50

O,
TI INFRASTRUCTURE TECHNOLOGY SERVICES LIMITED,
/28,Ground Floor
unlight Building
saf Ali Road
ew Delhi-110002

09-May-18

ubject :- OPD Bill.
/e are enclosing herewith the following bills for payment.

No	Bill Type	Claim Id No	Bill No	Patient Name	Doa	Dod	Psu Name	Bill Amount
	OPD	5972971	1179605	KAILASH	03-May-18	03-May-18	CGHS	2,50
	OPD	5981337	1180090	SAROJ BALA	04-May-18	04-May-18	CGHS	1,45
	OPD	5981455	1180074	DEVENDRI DEVI	04-May-18	04-May-18	CGHS	79
		5981520	1180064	C PAUL	04-May-18	04-May-18	CGHS	41
	OPD	5981814	273785	VIJAY CHOPRA	04-May-18	04-May-18	CGHS	2,87
	OPD	5986087	273921	SUNITA MALHOTRA	05-May-18	05-May-18	CGHS	18
	OPD	5986087	273928	SUNITA MALHOTRA	05-May-18	05-May-18	CGHS	17
	OPD	5986158	273949	GAYATRI	05-May-18	05-May-18	CGHS	75
	OPD	5986324	1180053	AKSHYA JYOTI	04-May-18	04-May-18	CGHS	73
)	OPD	5986526	18001664	RAJNISH KUMAR	05-May-18	05-May-18	CGHS	1,89
1	OPD	5988593	274010	SUNITA MALHOTRA	07-May-18	07-May-18	CGHS	35
2	OPD	5988647	1181380	OM PRAKASH	07-May-18	07-May-18	CGHS	58
3	OPD	5988682	1181269	RAM KRISHAN DASS KAPOOR	07-May-18	07-May-18	CGHS	28
4	OPD	5988751	1181264	SIGARI DEVI	07-May-18	07-May-18	CGHS	1,07
5	OPD	5988844	18001770	NEERU	07-May-18	07-May-18	CGHS	1,89
6	OPD	5991052	1179680	RAMA CHOPRA	03-May-18	03-May-18	CGHS	6
				Total Amount				16,03

Dr. A.C. Shukla
Medical Superintendent

O,
TI INFRASTRUCTURE TECHNOLOGY SERVICES LIMITED,
28,Ground Floor
nlight Building
saf Ali Road
ew Delhi-110002

11-May-18

bject :- OPD Bill.
e are enclosing herewith the following bills for payment.

No	Bill Type	Claim Id No	Bill No	Patient Name	Doa	Dod	Psu Name	Bill Amount
1	OPD	5994487	1181308	RATTAN LAL	07-May-18	07-May-18	CGHS	22
2	OPD	5994584	1181725	RAJNI	08-May-18	08-May-18	CGHS	45

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA C[illegible] :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
14723/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
14823/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	10	169.90	0.00	169.90
14923/06/2018	I.V CANNULA 22G (POLYMED)	1	131.00	0.00	131.00
15023/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
15123/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
15223/06/2018	RL 500ML (ALBERT DAVID)	2	95.38	0.00	95.38
15323/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
15423/06/2018	DNS 500ML (INFUTEC)	2	64.52	0.00	64.52
15523/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	3	63.75	0.00	63.75
15623/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	4	47.40	0.00	47.40
15723/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
15823/[illegible]018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
15923/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
16023/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
16123/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	1	21.25	0.00	21.25
16223/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	1	21.25	0.00	21.25
16323/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	5	13.25	0.00	13.25
16423/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	2	6.40	0.00	6.40
16524/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
16624/06/2018	UROMETER (POLYMED)	1	400.00	0.00	400.00
16724/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
16824/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	10	204.50	0.00	204.50
16924/06/2018	FOLEYS CATHETER (16) 2WAY (POLYMED)	1	173.00	0.00	173.00
17024/06/2018	DUOLIN (2.5ML) RESP. (EMR)	10	105.90	0.00	105.90

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CC[illegible] :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
17124/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
17224/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
17324/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
17424/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
17524/06/2018	SYRINGE 50ML(DISPOVAN)	1	35.00	0.00	35.00
17624/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
17724/06/2018	SYRINGE 2ML(DISPOVAN)	5	22.50	0.00	22.50
17825/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
17925/06/2018	OXYGEN MASK(A) POLYMED	1	262.00	0.00	262.00
18025/06/2018	ARICEP (DONEPEZIL HCL)--10MG TAB	10	159.30	0.00	159.30
18125/06/2018	DNS 500ML (INFUTEC)	3	96.78	0.00	96.78
18225/0[illegible]018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
18325/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
18425/06/2018	SYRINGE 10ML(DISPOVAN)	4	34.00	0.00	34.00
18525/06/2018	SYRINGE 5ML(DISPOVAN)	4	26.00	0.00	26.00
18625/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
18725/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
18825/06/2018	SYRINGE 2ML(DISPOVAN)	3	13.50	0.00	13.50
18926/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	6	2,566.14	0.00	2,566.14
19026/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	3	405.00	0.00	405.00
19126/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	2	270.00	0.00	270.00
19226/06/2018	GLOVES 7.5"(SURGICARE)	2	98.00	0.00	98.00
19326/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	90.40	0.00	90.40
19426/06/2018	ECG ELECTRODS (NIKO)	5	90.00	0.00	90.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA C[illegible] :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
19526/06/2018	SYRINGE 10ML(DISPOVAN)	6	51.00	0.00	51.00
19626/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
19726/06/2018	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR)	1	24.55	0.00	24.55
19826/06/2018	SYRINGE 2ML(DISPOVAN)	4	18.00	0.00	18.00
19926/06/2018	METRONIDAZOLE 100ML (AXA)	1	13.63	0.00	13.63
20026/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	1	11.85	0.00	11.85
20126/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	1	11.50	0.00	11.50
20227/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
20327/06/2018	MUCINAC (ACETYLCYSTEINE)--600MG TAB	8	176.00	0.00	176.00
20427/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
20527/06/2018	GLOVES EXAMINATION (LATEX)	10	62.00	0.00	62.00
20627/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50
20727/06/2018	DUOLIN (2.5ML) RESP. (EMR)	4	42.36	0.00	42.36
20827/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	40.90	0.00	40.90
20927/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
21027/06/2018	SYRINGE 10ML(DISPOVAN)	4	34.00	0.00	34.00
21127/06/2018	IVABRAD (IVABRADINE)--5.0MG TAB	2	33.98	0.00	33.98
21227/06/2018	SYRINGE 5ML(DISPOVAN)	4	26.00	0.00	26.00
21327/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
21428/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
21528/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	2	90.50	0.00	90.50
21628/06/2018	MUCINAC (ACETYLCYSTEINE)--600MG TAB	4	88.00	0.00	88.00
21728/06/2018	SYRINGE 10ML(DISPOVAN)	6	51.00	0.00	51.00
21828/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	2	42.50	0.00	42.50

GSTIN : 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CCN :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
21928/06/2018	BUDATE (BUDESONIDE) 0.5MG RESPULES	2	40.90	0.00	40.90
22028/06/2018	METRONIDAZOLE 100ML (AXA)	3	40.89	0.00	40.89
22128/06/2018	SYRINGE 5ML(DISPOVAN)	6	39.00	0.00	39.00
22228/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
22328/06/2018	DUOLIN (2.5ML) RESP. (EMR)	2	21.18	0.00	21.18
22428/06/2018	VOVERAN--D TAB	6	11.58	0.00	11.58
22528/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	4	10.60	0.00	10.60
22629/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
22729/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	340.00	0.00	340.00
22829/06/2018	I.V CANNULA 20G (POLYMED)	1	131.00	0.00	131.00
22929/06/2018	I.V CANNULA 22G (POLYMED)	1	131.00	0.00	131.00
23029/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	2	90.40	0.00	90.40
23129/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	60.00	0.00	60.00
23229/06/2018	PANTOP (PANTAPRAZOLE)--40MG VIALS	1	45.25	0.00	45.25
23329/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
23429/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
23529/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	23.70	0.00	23.70
	PHARMACY 2				
23619/06/2018	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1)	1	0.00	0.00	0.00
23719/06/2018	PERINORM (METACLOPROMIDE)--2.0ML INJ (EMR)	1	0.00	0.00	0.00
23819/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	1	0.00	0.00	0.00
23919/06/2018	SYRINGE 10ML(DISPOVAN)	2	0.00	0.00	0.00
24019/06/2018	SYRINGE 5ML(DISPOVAN)	1	0.00	0.00	0.00
24119/06/2018	BD IV CANNULA NO. 22G	1	0.00	0.00	0.00
24219/06/2018	IV CANNULA FIXATOR 10X10CM (PRIME FIX)	1	0.00	0.00	0.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID :- 145190

UHID :- 818544

Patient Name : :- Mr. HARI RAM

Relation to Proposer:- Self

Relative Name :- S/O LATE MR BALLEY SINGH

Patient Adress :- B-79 OLD JANAKI PURI

Discharge Type :- Normal Discharge

Pay Type :- SEMI PRIVATE

Consultants :- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))

Old Bill No :- 18004524

New Bill No :- B2B1512

Gst No :- 07AACCR3893H1Z4

Bill Date :- 29-Jun-18

Age/Sex :- 83 Y / Male

Company Name : :- RAKSHA TPA gipsa

Insurance Company :- UNITED INDIA INSURANCE CO. LTD

Admit Date & Time :- 19-Jun-2018 7:39:20 am

Discharge Date & Time :- 29-Jun-18 04:27:00 PM

I-Card No. :- UIC54514666OBCA

TPA Co[illegible] :- 545221819094227/3194230

Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
24320/06/2018	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR)	1	0.00	0.00	0.00
24420/06/2018	GLOVES EXAMINATION (LATEX)	8	0.00	0.00	0.00
24520/06/2018	LASIPEN (FRUSEMIDE)--2ML INJ (EMR)	4	0.00	0.00	0.00
24620/06/2018	UROMETER (POLYMED)	1	0.00	0.00	0.00
24721/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	1,283.07	0.00	1,283.07
24821/06/2018	RL 500ML (ALBERT DAVID)	3	143.07	0.00	143.07
24921/06/2018	I.V.SET (POLYMED)	1	118.00	0.00	118.00
25021/06/2018	JUSTIN (DICLOFENAC SODIUM) AQ 75MG/1ML INJ (EMR)	4	71.20	0.00	71.20
25121/06/2018	DULCOFLEX (A) SUPPOSITORY	3	68.97	0.00	68.97
25221/06/2018	SYRINGE 10ML(DISPOVAN)	5	42.50	0.00	42.50
25321/06/2018	METRONIDAZOLE 100ML (AXA)	3	39.54	0.00	39.54
25421/06/2018	GLOVES EXAMINATION (LATEX)	6	37.20	0.00	37.20
25521/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	3	35.55	0.00	35.55
25621/06/2018	SYRINGE 5ML(DISPOVAN)	5	32.50	0.00	32.50
25721/06/2018	LOX (LIGNOCAINE 2% JELLY)--30G JELLY	1	31.80	0.00	31.80
25821/06/2018	AMLOPRESS (AMLODIPINE)--5.0MG TAB	3	21.92	0.00	21.92
25921/06/2018	CALCIUM GLUCONATE--10ML INJ (HR)	2	21.50	0.00	21.50
26021/06/2018	RANLOC (RANITIDIN)--2.0ML INJ (EMR)	3	9.39	0.00	9.39
	RETURNS				
26119/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
26219/06/2018	ONDEM (ONDANSETRON)-- 30ML ORAL SOLUTION	1	0.00	0.00	0.00
26329/06/2018	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS	3	-1,283.07	0.00	-1,283.07
26429/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	2	-680.00	0.00	-680.00
26529/06/2018	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V	3	-405.00	0.00	-405.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
Patient Adress	:- B-79 OLD JANAKI PURI	Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CO :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description		Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
26629/06/2018	TAMIN BOTTLE (PARACETAMOL)--100ML I/V	1	-340.00	0.00	-340.00
26729/06/2018	PANISA (PANTOPRAZOLE)--40MG VIALS	3	-135.60	0.00	-135.60
26829/06/2018	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR)	3	-63.75	0.00	-63.75
26929/06/2018	SYRINGE 10ML(DISPOVAN)	5	-42.50	0.00	-42.50
27029/06/2018	SYRINGE 5ML(DISPOVAN)	5	-32.50	0.00	-32.50
27129/06/2018	METRONIDAZOLE 100ML (AXA)	2	-27.26	0.00	-27.26
27229/06/2018	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR)	1	-24.55	0.00	-24.55
27329/06/2018	NEOMIT (ONDANSETRON) (EMR)--2ML INJ	2	-23.70	0.00	-23.70
27429/06/2018	DUOLIN (2.5ML) RESP. (EMR)	2	-21.18	0.00	-21.18
	PHARMACY :		35,331	0	35,331

PROCEDURE CHARGES

1	21/06/2018		ANAESTHESIA CHARGES	1	6,990.00	0.00	6,990.00
2	21/06/2018		ANAESTHESIA CHARGES	1	2,657.00	0.00	2,657.00
3	21/06/2018	BL002	FFP/PLC (PLATELET CONC)	2	3,640.00	0.00	3,640.00
4	21/06/2018	MED019	BLOOD TRANFUSION CHARGES	2	2,140.00	0.00	2,140.00
5	22/06/2018	BL002	FFP/PLC (PLATELET CONC)	2	3,640.00	0.00	3,640.00
6	22/06/2018	MED019	BLOOD TRANFUSION CHARGES	2	2,140.00	0.00	2,140.00
7	22/06/2018	MED022	NEBULIZATION	2	140.00	0.00	140.00
8	23/06/2018	MED022	NEBULIZATION	2	140.00	0.00	140.00
9	24/06/2018	MED022	NEBULIZATION	3	210.00	0.00	210.00
10	21/06/2018		OT CHARGES (MAJOR)	1	12,981.00	0.00	12,981.00
11	21/06/2018		OT CHARGES (MAJOR)	1	4,934.00	0.00	4,934.00
12	21/06/2018	PHY024	GAIT TRAINING	1	310.00	0.00	310.00
13	21/06/2018	PHY020	VIBRATOR	1	310.00	0.00	310.00

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
Relative Name	:- S/O LATE MR BALLEY SINGH	Age/Sex	:- 83 Y / Male
Patient Adress	:- B-79 OLD JANAKI PURI	Company Name :	:- RAKSHA TPA gipsa
		Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA C[illegible] :- 545221819094227/3194230 Total Authorization : (Rs) 150000

Sr.No.	Description			Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
14	22/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
15	22/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
16	22/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
17	23/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
18	23/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
19	23/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
20	24/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
21	25/06/2018 PHY024	GAIT TRAINING	1	310.00	0.00	310.00
22	25/06/2018 PHY002	BREATHING EXERCISES	1	140.00	0.00	140.00
23	26/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
24	26/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
25	27/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
26	27/[illegible]2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
27	28/06/2018 PHY020	VIBRATOR	2	620.00	0.00	620.00
28	29/06/2018 PHY020	VIBRATOR	1	310.00	0.00	310.00
29	28/06/2018 RCC008	PFT WITHOUT BRONCHODILATOR	1	1,030.00	0.00	1,030.00
		PROCEDURE CHARGES :		**45,712**	**0**	**45,712**
	SURGERY					
4	21/06/2018	SURGEON CHARGES (RESECTION & ASTOMOSIS OF INTESTINE LARGE/SMALL)	1	19,970.00	0.00	19,970.00
5	21/06/2018	SURGEON CHARGES (EXPLORATORY LAPAROTOMY(GEN))	1	7,590.00	0.00	7,590.00
		SURGERY :		**27,560**	**0**	**27,560**

Remarks :

CGST: 1,769.41

Short Authorisation by TPA : 67293(-) 67293

GSTIN - 07AAATM0976H1ZI

Bill Of Supply

Registration No. DHS/NH/84

IP ID	:- 145190	Old Bill No	:- 18004524
UHID	:- 818544	New Bill No	:- B2B1512
Patient Name :	:- Mr. HARI RAM	Gst No	:- 07AACCR3893H1Z4
Relation to Proposer:	:- Self	Bill Date	:- 29-Jun-18
		Age/Sex	:- 83 Y / Male
Relative Name	:- S/O LATE MR BALLEY SINGH	Company Name :	:- RAKSHA TPA gipsa
Patient Adress	:- B-79 OLD JANAKI PURI	Insurance Company	:- UNITED INDIA INSURANCE CO. LTD
		Admit Date & Time	:- 19-Jun-2018 7:39:20 am
Discharge Type	:- Normal Discharge	Discharge Date & Time	:- 29-Jun-18 04:27:00 PM
Pay Type	:- SEMI PRIVATE	I-Card No.	:- UIC54514666OBCA
Consultants	:- GSR-2 (Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439))		

TPA CCN :- 545221819094227/3194230 **Total Authorization : (Rs)** 150000

Sr.No.	Description	Total Bill Amount (Rs.) (A)	Amount Paid By Patient (B)	Amount Paid By TPA/PSU (C) = (A) - (B)
	SGST: 1,769.41			
	Co-Payemnt Amount :		0(-)	0
	Rounding Off :			
		217293	67293	150000

Final Bill

Remarks :

Signature Of the Card Holder/Attendent

Authorized Signatory

Printed by SUMIT

* * TAX INVOICE * *

GST No. : 07ABSFS3633C1Z3
State Code : 07
PAN : ABSFS3633C
D.L.No. : DL-NGJ-116240,116241(20,20B)
DL-NGJ-116242,116243(21,21B)
E-mail : shreevinayakhealthcare@gmail.com

SHREE VINAYAK HEALTHCARE

UNIT NO.101,F.F, CSC, DDA MARKET, GH-6 (GATE NO.7)
PASCHIM VIHAR (OPP. PETROL PUMP), N.DELHI-110087
Phone : 01125259304 , 9891216959

MATA CHANAN DEVI HOSPITAL
G-1, NANAK PURI
NEW DELHI-110058

Tel : 011-45582086
PO No : 18001326 Date : 06/06/2018

Bill No. : SB/18-19/00291
Dated : 06/06/2018
GST No. : 07AAATM0976H1ZI State Code : 07
D.L No. :
PAN No. :

Page 1 of 1

Sr.	QTY.	PACK	PARTICULARS	HSN CODE	Batch No.	Exp.	MRP.	Rate	DIS%	CGST %	SGST %	AMOUNT
1.	5	NOS	PREMILENE M 15X15 1064435	90219090	117453	11/22	3700.00	3303.57	0.00	6	6	16517.85
2.	5	NOS	PREMILENE M7.5 X15 1064425	90219090	117312	08/22	1800.00	1607.14	0.00	6	6	8035.70

Mata Chanan Devi Hospital
(Material Checked)
Gate Entry No 4138
Date 06/06/18 Time 01:30 Pm
Qty: two item
Security Sign.

6/6/18

6/6/18

	Gross Amt	Scm. Amt	Disc. Amt	Taxable Amt.	GST%	CGST Amt	SGST Amt	IGST Amt
of Items : 2								
Qty : 10	0.00	0.00	0.00	0.00	28 %	0.00	0.00	0.00
de By : MASTER	0.00	0.00	0.00	0.00	18 %	0.00	0.00	0.00
nt By :	24553.55	0.00	0.00	24553.55	12 %	1473.21	1473.21	0.00
ke Time :11:41 AM	0.00	0.00	0.00	0.00	5 %	0.00	0.00	0.00
nt Time :11:42 am	0.00	0.00	0.00	0.00	0 %	0.00	0.00	0.00
Total :	24553.55	0.00	0.00	24553.55		1473.21	1473.21	0.00

Net Amount : 27499.97
LESS CN 0.00
Inv. Amt. R/Off : 27500.00

pees: Twenty Seven Thousand Five Hundred Only

E.&.O.E

rms & Conditions :-

For SHREE VINAYAK HEALTHCARE

disputes are subject to Delhi Jurisdiction.
ods once sold will not be taken back. REVERSE CHARGES APPLICABLE-NO

nk Name : IFSC CODE :
nk A/C : MICR No :
anch :

(Computer Generated Invoice)

SHREE VINAYAK HEALTHCARE
DL No. DL-NGJ-116240, 41, 42, 43, 20, 20B, 21, 21B
GST No. 07ABSFS3633C1Z3

TAX INVOICE

GST No. : 07240378737
State Code : 07
PAN : ABSFS3633C

SHREE VINAYAK HEALTHCARE

SHOP NO.-209-210, 2ND FLOOR, WZ-97, SUNDER PALACE
AWALAHERI MKT., PASCHIM VIHAR NEW DELHI-110063
Phone : 09891216959

D.L.No. : W(001)11/WR 20,21,20B,21B
E-mail : shreevinayakhealthcare@gmail.com

MAATA CHANAN DEVI HOSPITAL
SEC-11 JANAK PURI
NEW DELHI-110058
Tel : 011-45582086

Bill No. : SB/15-16/01066
Dated : 08/02/2016
GST No. : 07350315190 State Code : 07
D.L.No. :
PAN No. :

Sr.	QTY.	PACK	PARTICULARS	HSN CODE	Batch No.	Exp.	MRP	Rate	DIS%	CGST %	SGST %	AMOUNT
1	5	NOS	PREMILENE M 10X15-1064495		115255	06/20	2500.00	2380.95	0.00	0	0	11904.75

No. of Items : 1	Gross Amt	Sch. Amt	Disc. Amt	Taxable Amt	GST%	CGST Amt	SGST Amt	IGST Amt	Net Amount		12499.99
Qty : 5	0.00	0.00	0.00	0.00	28 %	0.00	0.00	0.00	LESS CN		0.00
Made By : MASTER	0.00	0.00	0.00	0.00	18 %	0.00	0.00	0.00			
Print By :	0.00	0.00	0.00	0.00	12 %	0.00	0.00	0.00			
Bill Time : 05:38 PM	0.00	0.00	0.00	0.00	5 %	0.00	0.00	0.00			
Print Time : 2:53 pm	11904.75	0.00	0.00	11904.75	0 %	0.00	0.00	0.00	Inv. Amt		12500.00
Total	11904.75	0.00	0.00	11904.75		0.00	0.00	0.00	Gr. R/Off		

Rupees: Twelve Thousand Five Hundred Only

E.&.O.E.

Terms & Conditions :-
All disputes are subject to Delhi Jurisdiction.
Goods once sold will not be taken back. REVERSE CHARGES APPLICABLE NO

For SHREE VINAYAK HEALTHCARE

Bank Name : IFSC CODE :
Bank A/C : MICR No :
Branch :

(Computer Generated Invoice)

SHREE VINAYAK HEALTHCARE DL No. W (001) 11/WR 20, 21, 20B, 21B GST No. 07ABSFS3633C1Z3

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 988342 22/06/2018 08:03:05 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18026165
IP NO	: 145190	Bill Date	: 22/06/2018 8:17.34 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	BUDATE (BUDESONIDE) 0.5MG RESPULES (30049099)	A18003AP	Dec-19	4	20.45	81.8
2	DUOLIN (2.5ML) RESP. (EMR) (3004)	SA75153	Oct-19	4	10.59	42.36
3	LUNGCISER (LA-MED) (RESPICISER) (9018)	1706732	May-22	1	550	550

Amount in Word : SIX HUNDRED AND SEVENTY FOUR RUPEES ONLY

Total Amount : 674.16

Delivered By : Received By : INDENT DEPT : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date & Time :- 22/06/2018 8.17 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(03S6)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 989506 25/06/2018 10:01:12 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18027152
IP NO	: 145190	Bill Date	: 25/06/2018 10.05.24 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA gipsa
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	OXYGEN MASK(A) POLYMED (9019)	1811575D	Mar-23	1	262	262

Amount in Word : TWO HUNDRED AND SIXTY TWO RUPEES ONLY

Total Amount : 262.0

Delivered By : Received By : INDENT DEPT : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 25/06/2018 10.05 AM

MATA CHANAN DEVI HOSPITAL

C-1, JANAKPURI, NEW DELHI - 11005 145582000

Drug Lic No.W(0396)14/R-20

GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI

SEMI PRIVATE WARD MALE FIRST FLOOR

Patient Name	: HARIRAM	Indent No	: 990198 26/06/2018 07:48:55 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18027668
IP NO	: 145190	Bill Date	: 26/06/2018 8.26.47 PM
Bed NO	: D133 -02	Panel	: RAKSHA TPA gipsa
Room No.	: SPM133		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I /V (3004)	42970510	Jul-20	2	135	270

Amount in Word : TWO HUNDRED AND SEVENTY RUPEES ONLY

Total Amount : 270.0

Delivered By : Received By : INDENT DEPT : SEMI PRIVATE WARD MALE FIRST FLOOR

Authorised Signatory

Print Date &Time :- 26/06/2018 8.26 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

PHARMACY 1

IP Bill of Supply

SEMI PRIVATE WARD MALE FIRST FLOOR

Patient Name	: HARI RAM	Indent No	: 990584 27/06/2018 07:38:40 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18027983
IP NO	: 145190	Bill Date	: 27/06/2018 8.11.47 PM
Bed NO	: D133 -02	Panel	: RAKSHA TPA gipsa
Room No.	: SPM133		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	MUCINAC (ACETYLCYSTEINE)--600MG TAB (30049099)	SB80127	Jan-20	8	22	176

Total Amount : 176.0

Amount in Word : ONE HUNDRED AND SEVENTY SIX RUPEES ONLY

Delivered By : Received By : INDENT DEPT : SEMI PRIVATE WARD MALE FIRST FLOOR

Authorised Signatory

Print Date &Time :- 27/06/2018 8.11 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

OT 1

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	:
Age / Sex	: 83Y Male	Bill No	: PHOB18000419
IP NO	: 145190	Bill Date	: 21/06/2018 9.12.15 PM
Bed NO	: G218-01	Panel	: RAKSHA TPA
Room No.	: G218		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	ISOFLORIN/FORANE--250ML (30049099)	6073242	Jul-22	0	2488.5	248.85

Total Amount : 248.85

Amount in Word : TWO HUNDRED AND FOURTY NINE RUPEES ONLY

Delivered By : Received By : INDENT DEPT :

Authorised Signatory

Print Date &Time :- 21/06/2018 9.12 PM

19/06

OT TIME	IP NO. / UHID	PATIENT NAME	AGE/ SEX	ORGANISATION	OPERATI
GYN01					
10.00 AM 10:30 AM		RINKI	FEMALE		SCAR PAC
10.45 AM 11:45 AM		ASHA	FEMALE		L.S.C.S
OT 1					
9.00 AM 10:00 AM		MANISH	MALE		FINGER RE
11.00 AM 11:30 AM	817493	GAYATRI	24Y 0M 3D FEMALE		DIAGNOSTI (IVF)
1[illegible] AM 01:[illegible] PM	815286	MAMTA	26Y 0M 12D FEMALE		TYMPANOPL
1.30 PM 03:30 PM	815215	KAWALJEET SINGH	36Y 0M 12D MALE	FREE	PCNL (STAG
4.00 PM 04:30 PM		ASLAM	MALE		DJ STENT R (PACKAGE)
4.45 PM 05:15 PM	815288	V K SURI	70Y 0M 12D MALE		CYSTOSCOP
OT 2					
11.00 AM 01:00 PM	145164	SAVITA RAI	55 Y FEMALE	CGHS HQ R.K. PURAM - RETIRED CREDIT	OPEN REDU INTERNAL FI HUMERUS/T EARM/PATEL
1.30 PM 03:00 PM		DEVANSHI	FEMALE		ADENOTONS Myringotomy(
3.15 PM 04:45 PM	813303	HARI RAM	83Y 0M 19D MALE		LAP BILATER HERNIA REP MESHPLAST
OT 3					
10.30 AM 02:30 PM	145160	OM PARKASH ROHILLA	72 Y MALE	CGHS HQ R.K. PURAM - RETIRED CREDIT	VASCULAR

Ashok

DJR

Prepared By:

Print Date & Time :

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL
GSTIN - 07AAATM0976H1ZI

OT 1

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	:
Age / Sex	: 83Y Male	Bill No	: PHOB18000418
IP NO	: 145190	Bill Date	: 21/06/2018 9.09.21 PM
Bed NO	: G218-01	Panel	: RAKSHA TPA
Room No.	: G218		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	VERFEN (FENTANYL CITRATE) 2ML INJ (HR) (30049099)	N011738	Nov-20	1	46	46

Total Amount : 46.0

Amount in Word : FOURTY SIX RUPEES ONLY

Delivered By : Received By : INDENT DEPT :

Authorised Signatory

Print Date &Time :- 21/06/2018 9.09 PM

OPERATION THEATI

14/06

OT TIME	IP NO. / UHID	PATIENT NAME	AGE/ SEX	ORGANISATION	OPERATIO
GYN91					
11.30 AM 12:30 PM		SHALLY	FEMALE		L.S.C.S
IVF LAB					
1.00 PM 01:30 PM		SANGEETA	FEMALE		IVF - ET
1.45 PM 02:15 PM		KAVITA	FEMALE		IVF - ET
OT 1					
9.00 AM 11:00 AM		MST.KEVIN	MALE		URETHRO
11.15 AM 01:45 PM	815690	ASHITA	39Y 0M 6D FEMALE		DIAGNOS + HYSTER MYOMEC
2.00 PM 03:00 PM		KRISHAN LAL	MALE		LAP. UNIL HERNIA R MESHPLA
3.15 PM 04:15 PM	816581	PRACHI	13Y 0M 1D FEMALE		AXILLARY
OT 2					
12.30 PM 01:30 PM	814849	ANISHA REGMI	18Y 0M 8D FEMALE		EXCISIO FIBROAD
2.00 PM 03:00 PM	815819	NEERAJ DIWAN	51Y 0M 5D MALE		LAP CHO
3.30 PM 04:30 PM	816594	SIDDARTH PAI	17Y 0M 1D MALE		PILONID WITH PR BLOCK
OT 3					
9.00 AM 05:00 PM	144737	PARAMJEET LAL SACHDEVA	68 Y MALE	VIPUL MED CORP TPA (S)	CABG (C SURGER

Prepared By

Print Date & Time :

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.11(2374)20,21
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI
POST WITH SURGICAL ICU WARD

PHARMACY 2

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	: 987664	20/06/2018	12:48:26 PM
Age / Sex	: 83Y Male	Bill No	: PHNB18004318		
IP NO	: 145190	Bill Date	: 20/06/2018 1.00.43 PM		
Bed NO	: G218-01	Panel	: RAKSHA TPA		
Room No.	: G218				
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)				

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	POTLYTE (POTASSIUM CHLORIDE)--1.5G/10ML INJ (HR) (3004)	17121	Nov-20	1	24.63	24.63

Total Amount : 24.63

Amount in Word : TWENTY FIVE RUPEES ONLY

Delivered By : Received By : INDENT DEPT : POST WITH SURGICAL ICU WARD

Authorised Signatory

Print Date &Time :- 20/06/2018 1.00 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

OT 1

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	:
Age / Sex	: 83Y Male	Bill No	: PHOB18000402
IP NO	: 145190	Bill Date	: 19/06/2018 3.48.30 PM
Bed NO	: S321-01	Panel	: RAKSHA TPA
Room No.	: S321		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	VERFEN (FENTANYL CITRATE) 2ML INJ (HR) (30049099)	N011738	Nov-20	1	46	46

Total Amount : 46.0

Amount in Word : FOURTY SIX RUPEES ONLY

Delivered By : Received By : INDENT DEPT :

Authorised Signatory

Print Date &Time :- 19/06/2018 3.49 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 989767 25/06/2018 07:17:35 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18027329
IP NO	: 145190	Bill Date	: 25/06/2018 7.22.08 PM
Bed NO	: G 30-11	Panel	: RAKSHA TPA gipsa
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	ARICEP (DONEPEZIL HCL)--10MG TAB (30043200)	P17035A	Nov-19	10	15.93	159.3

AE to dr

Total Amount : 159.3

Amount in Word : ONE HUNDRED AND FIFTY NINE RUPEES ONLY

Delivered By : Received By : INDENT DEPT : ICCU WARD GROUND FLOOR

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Print Date &Time :- 25/06/2018 7.22 PM

MATA CHANAN DEVI HOSPITAL

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Drug Lic No.W(0396)11/R-20-21-20F

GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

ICCU WARD GROUND FLOOR

PHARMACY 1

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	: 988761 23/06/2018 10:24:48 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18026513
IP NO	: 145190	Bill Date	: 23/06/2018 10.28.27 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	SUPRIDOL (TRAMADOL)–2.0ML/100MG INJ (EMR) (30049079)	KP949032	Dec-19	1	21.25	21.25

Total Amount : 21.25

Amount in Word : TWENTY ONE RUPEES ONLY

Delivered By : **Received By** : **INDENT DEPT** : ICCU WARD GROUND FLOOR

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Print Date &Time :- 23/06/2018 10.28 AM

MATA CHANAN DEVI HOSPITAL

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Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

PHARMACY 1

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	: 988271 21/06/2018 10:08:17 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18026089
IP NO	: 145190	Bill Date	: 21/06/2018 10.12.44 PM
Bed NO	: G 30-11	Panel	: RAKSHA TPA
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	BLOOD SET (LAMED) (9018)	1705945	Apr-22	2	119	238
2	DNS 500ML (INFUTEC) (30049099)	8B90302	Apr-21	2	32.26	64.52
3	I.V.SET (POLYMED) (9018)	4044118D	Mar-23	1	118	118
4	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	1	13.63	13.63
5	MV SET (P.D.SET) POLYMED (9018)	1810940C	Feb-23	1	178	178
6	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	2	11.85	23.7
7	OFLOGLAN (OFLOXACIN)--100ML 200MG IV (3004)	OF16032	Sep-18	1	105	105
8	DUPAN (PANTOPRAZOLE)--40MG TAB (30049039)	OT-171692	Jan-20	2	7	14
9	TAMIN BOTTLE (PARACETAMOL)--100ML IV (3004)	RP17065	Nov-19	3	340	1020
10	BI--CONNECTOR (LAMED) (9018)	1804281	Mar-23	1	350	350
11	RL 500ML (ALBERT DAVID) (3004)	P8050500	Mar-21	2	47.69	95.38
12	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949030	Oct-19	4	21.25	85
13	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	8	8.5	68
14	SYRINGE 2ML(DISPOVAN) (90183100)	816021JD1	Mar-23	4	4.5	18
15	SYRINGE 50ML(DISPOVAN) (90183100)	821503WJR2	Apr-23	1	35	35
16	SYRINGE 5ML(DISPOVAN) (90183100)	802056JN2	Dec-22	6	6.5	39
17	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	2	427.69	855.38

Total Amount : 3320.61

Amount in Word : THREE THOUSAND THREE HUNDRED AND TWENTY ONE RUPEES ONLY

Delivered By : Received By : INDENT DEPT : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 21/06/2018 10.13 PM

MATA CHANAN DEVI HOSPITAL

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Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

PHARMACY 1

IP Bill of Supply

Patient Name	: HARI RAM	Indent No	: 988761 23/06/2018 10:24:48 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18026512
IP NO	: 145190	Bill Date	: 23/06/2018 10.27.28 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	I.V CANNULA 20G (POLYMED) (9018)	4112417M	Oct-22	1	131	131
2	DNS 500ML (INFUTEC) (30049099)	8B90302	Apr-21	2	32.26	64.52
3	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	4	11.85	47.4
4	LASIPEN (FRUSEMIDE)--2ML INJ (EMR) (3004)	IFD-4583	Aug-19	2	3.2	6.4
5	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	3	13.63	40.89
6	PANTOP (PANTAPRAZOLE)--40MG VIALS (30049039)	P-1712086	Nov-19	2	45.25	90.5
7	RL 500ML (ALBERT DAVID) (3004)	P8050500	Mar-21	2	47.69	95.38
8	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	5	8.5	42.5
9	SYRINGE 2ML(DISPOVAN) (90183100)	816021JD1	Mar-23	5	4.5	22.5
10	SYRINGE 5ML(DISPOVAN) (90183100)	802056JN2	Dec-22	5	6.5	32.5
11	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	3	427.69	1283.07
12	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949030	Oct-19	3	21.25	63.75
13	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949032	[illegible]-19	1	21.25	21.25

Total Amount : 1941.66

Amount in Word : ONE THOUSAND NINE HUNDRED AND FOURTY TWO RUPEES ONLY

Delivered By : **Received By** : **INDENT DEPT** : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 23/06/2018 10.27 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

PHARMACY 1

IP Bill of Supply

OT 1

Patient Name	: HARI RAM	Indent No	: 988249 21/06/2018 08:37:27 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18026072
IP NO	: 145190	Bill Date	: 21/06/2018 8.48.26 PM
Bed NO	: G218-01	Panel	: RAKSHA TPA
Room No.	: G218		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	A DRAIN KIT (32) ROMSONS (3004)	17032223	Feb-22	2	352	704
2	ETHILON 2-0(NW-3336) R/C (90189099)	B8007	Dec-22	1	197	197
3	GLOVES 6.5" (SURGICARE) (40151100)	17K3182M	Oct-22	3	49	147
4	GLOVES 7.0"(SURGICARE) (40151100)	18C3050M	Feb-23	3	49	147
5	GLOVES 7.5"(SURGICARE) (40151100)	18D2316V	Feb-23	3	49	147
6	NS 1000ML (AXA) (30049099)	EB80103	Jan-21	6	47.57	285.42
7	PLAIN SHEET 200X120CM (D301) (9018)	PSAB/600/903A	Jan-22	2	210	420
8	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	2	8.5	17
9	VACCU SUCTION SET (POLYMED) (90183990)	1811497D	Mar-23	1	372	372

Total Amount : 2436.42

Amount in Word : TWO THOUSAND FOUR HUNDRED AND THIRTY SIX RUPEES ONLY

Delivered By : Received By : INDENT DEPT : OT 1

Authorised Signatory

Print Date &Time :- 21/06/2018 8.48 PM

MATA CHANAN DEVI HOSPITAL

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Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 989197 24/06/2018 11:25:45 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18026883
IP NO	: 145190	Bill Date	: 24/06/2018 11.38.03 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA gipsa
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	3	13.63	40.89
2	PANTOP (PANTAPRAZOLE)--40MG VIALS (30049039)	P-1712086	Nov-19	2	45.25	90.5
3	TAMIN BOTTLE (PARACETAMOL)--100ML IV (3004)	RP17065	Nov-19	1	340	340
4	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	5	8.5	42.5
5	SYRINGE 2ML(DISPOVAN) (90183100)	816021JD1	Mar-23	5	4.5	22.5
6	SYRINGE 5ML(DISPOVAN) (90183100)	817057SH2	Mar-23	5	6.5	32.5
7	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	3	427.69	1283.07
8	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949032	Dec-19	2	21.25	42.5

Total Amount : 1894.46

Amount in Word : ONE THOUSAND EIGHT HUNDRED AND NINETY FOUR RUPEES ONLY

Delivered By : Received By : INDENT DEPT : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 24/06/2018 11.38 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

PHARMACY 1 — IP Bill of Supply — SEMI PRIVATE WARD MALE FIRST FLOOR

Patient Name	: HARI RAM	Indent No	: 990812 28/06/2018 01:00:45 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18028159
IP NO	: 145190	Bill Date	: 28/06/2018 1.08.52 PM
Bed NO	: D133 -02	Panel	: RAKSHA TPA gipsa
Room No.	: SPM133		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	AMLOPRESS (AMLODIPINE)--5.0MG TAB (30049072)	KG80078	Jan-21	4	2.65	10.6
2	BUDATE (BUDESONIDE) 0.5MG RESPULES (30049099)	A18017AP	Jan-20	2	20.45	40.9
3	DUOLIN (2.5ML) RESP. (EMR) (3004)	SA75153	Oct-19	2	10.59	21.18
4	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	2	11.85	23.7
5	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	3	13.63	40.89
6	MUCINAC (ACETYLCYSTEINE)--600MG TAB (30049099)	SB80127	Jan-20	4	22	88
7	PANTOP (PANTAPRAZOLE)--40MG VIALS (30049039)	P-1712086	Nov-19	2	45.25	90.5
8	SYRINGE 10ML(DISPOVAN) (90183100)	824104JP2	May-23	6	8.5	51
9	SYRINGE 5ML(DISPOVAN) (90183100)	822051SH2	Apr-23	6	6.5	39
10	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	3	427.69	1283.07
11	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP049032	Dec-19	2	21.25	42.5
12	VOVERAN--D TAB (30049069)	183001MB	Feb-20	6	1.93	11.58

Total Amount : 1742.92

Amount in Word : ONE THOUSAND SEVEN HUNDRED AND FOURTY THREE RUPEES ONLY

Delivered By : Received By : INDENT DEPT : SEMI PRIVATE WARD MALE FIRST FLOOR

Authorised Signatory

Print Date &Time :- 28/06/2018 1.09 PM

MATA CHANAN DEVI HOSPITAL

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Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

GSTIN - 07AAATM0976H1ZI

OT STORE

IP Bill of Supply

OT 1

Patient Name	: HARI RAM	Indent No	: 987265 19/06/2018 03:26:56 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18001588
IP NO	: 145190	Bill Date	: 19/06/2018 3.28.42 PM
Bed NO	: S321-01	Panel	: RAKSHA TPA
Room No.	: S321		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	ANAWIN HEAVY (BUPIVACAINE) 0.5% 4.0ML INJ (30039034)	KP1713215	Apr-19	2	25.15	50.3
2	ECG ELECTRODS (NIKO) (9018)	21618S11G000	Apr-20	3	18	54
3	TAZOWIN (PENTAZOCINE LACTATE)–1.0ML (EMR) (H1) INJ (3004)	P8178	Feb-20	1	25	25
4	GLOVES 6.5" (SURGICARE) (40151100)	18C3050M	Feb-23	2	49	98
5	I.V.SET (POLYMED) (9018)	4039418C	Feb-23	1	118	118
6	LOXICARD (LIGNOCAINE)–50ML VIALS (30039034)	SU238100	Feb-21	1	49.5	49.5
7	NS–500ML (ALBERT DAVID) I/V (3004)	P8030472	Mar-21	3	29.44	88.32
8	OXYGEN MASK(A) POLYMED (9019)	1812035E	Apr-23	1	262	262
9	PHENPRES(PHENYLEPHRINE HCL) 10MG INJ (3004)	1240002	Sep-19	1	248	248
10	VOLUVEN 500ML I/V (30049092)	82LK646602	Sep-19	1	548.9	548.9

Total Amount : 1542.02

Amount in Word : ONE THOUSAND FIVE HUNDRED AND FOURTY TWO RUPEES ONLY

Delivered By : **Received By** : **INDENT DEPT** : OT 1

Authorised Signatory

Print Date &Time :- 19/06/2018 3.28 PM

MATA CHANAN DEVI HOSPITAL

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GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 989496 25/06/2018 09:33:03 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18027142
IP NO	: 145190	Bill Date	: 25/06/2018 9.34.53 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA gipsa
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	DNS 500ML (INFUTEC) (30049099)	8B90302	Apr-21	3	32.26	96.78
2	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	1	13.63	13.63
3	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	2	11.85	23.7
4	PANTOP (PANTAPRAZOLE)--40MG VIALS (30049039)	P-1712086	Nov-19	2	45.25	90.5
5	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	4	8.5	34
6	SYRINGE 2ML(DISPOVAN) (90183100)	817026SA2	Mar-23	3	4.5	13.5
7	SYRINGE 5ML(DISPOVAN) (90183100)	822051SH2	Apr-23	4	6.5	26
8	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	3	427.69	1283.07
9	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949032	Dec-19	2	21.25	42.5

Total Amount : 1623.68

Amount in Word : ONE THOUSAND SIX HUNDRED AND TWENTY FOUR RUPEES ONLY

Delivered By : **Received By** : **INDENT DEPT** : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 25/06/2018 9.36 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 989959 26/06/2018 11:41:43 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18027487
IP NO	: 145190	Bill Date	: 26/06/2018 11.48.22 AM
Bed NO	: G 30-11	Panel	: RAKSHA TPA gipsa
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	GLOVES 7.5"(SURGICARE) (40151100)	18D2316V	Feb-23	2	49	98
2	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	1	13.63	13.63
3	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	89402	Sep-19	1	11.5	11.5
4	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	1	11.85	11.85
5	PANISA (PANTOPRAZOLE)--40MG VIALS (3004)	PTKAA25	Sep-19	2	45.2	90.4
6	POTCL (POTASSIUM CHLORIDE)--10ML INJ (HR) (30045090)	UN106338	Oct-19	1	24.55	24.55
7	SODIUM CHLORIDE(STERINOR) 0.45% 500ML I/V (3004)	42970509	Jul-20	3	135	405
8	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949032	Dec-19	2	21.25	42.5
9	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	6	8.5	51
10	SYRINGE 2ML(DISPOVAN) (90183100)	817026SA2	Mar-23	4	4.5	18
11	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	6	427.69	2566.14

Total Amount : 3332.57

Amount in Word : THREE THOUSAND THREE HUNDRED AND THIRTY THREE RUPEES ONLY

Delivered By : **Received By** : **INDENT DEPT** : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 26/06/2018 11.48 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
SEMI PRIVATE WARD MALE FIRST FLOOR

Patient Name	: HARI RAM	Indent No	: 990462 27/06/2018 01:53:17 PM
Age / Sex	: 83Y Male	Bill No	: PHOB18027864
IP NO	: 145190	Bill Date	: 27/06/2018 1.56.04 PM
Bed NO	: D133 -02	Panel	: RAKSHA TPA gipsa
Room No.	: SPM133		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	BUDATE (BUDESONIDE) 0.5MG RESPULES (30049099)	A18017AP	Jan-20	2	20.45	40.9
2	DUOLIN (2.5ML) RESP. (EMR) (3004)	SA75153	Oct-19	4	10.59	42.36
3	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	2	11.85	23.7
4	GLOVES EXAMINATION (LATEX) (40151900)	5204201507-M	Feb-23	10	6.2	62
5	IVABRAD (IVABRADINE)--5.0MG TAB (30042070)	U800122	Dec-19	2	16.99	33.98
6	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	3	13.63	40.89
7	PANTOP (PANTAPRAZOLE)--40MG VIALS (30049039)	P-1712086	Nov-19	2	45.25	90.5
8	SYRINGE 10ML(DISPOVAN) (90183100)	824104JP2	May-23	4	8.5	34
9	SYRINGE 5ML(DISPOVAN) (90183100)	822051SH2	Apr-23	4	6.5	26
10	PHYTON (PIPERACILLIN + TAZOBACTUM)--4.5 G VIALS (3004)	WZS8013	Feb-20	3	427.69	1283.07
11	SUPRIDOL (TRAMADOL)--2.0ML/100MG INJ (EMR) (30049079)	KP949032	Dec-19	2	21.25	42.5

Total Amount : 1719.9

Amount in Word : ONE THOUSAND SEVEN HUNDRED AND TWENTY RUPEES ONLY

Delivered By : Received By : INDENT DEPT : SEMI PRIVATE WARD MALE FIRST FLOOR

Authorised Signatory

Print Date &Time :- 27/06/2018 1.56 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.11(2374)20,21
GSTIN - 07AAATM0976H1ZI

PHARMACY 2

ORIGINAL
GSTIN - 07AAATM0976H1ZI
NURSING HOME THIRD FLOOR

IP Bill of Supply

Patient Name	: HARI RAM		
Age / Sex	: 83Y Male	Indent No	: 987068 19/06/2018 09:01:32 AM
IP NO	: 145190	Bill No	: PHNB18004207
Bed NO	: S321-01	Bill Date	: 19/06/2018 9.08.12 AM
Room No.	: S321	Panel	: RAKSHA TPA
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	BD IV CANNULA NO. 22G (90183930)	18B2241G	Jan-23	1	132	132
2	IV CANNULA FIXATOR 10X10CM (PRIME FIX) (30059040)	CF17071	Jun-20	1	60	60

Amount in Word : ONE HUNDRED AND NINETY TWO RUPEES ONLY

Total Amount : 192.0

Delivered By :

Received By :

INDENT DEPT : NURSING HOME THIRD FLOOR

Authorised Signatory

Print Date &Time :- 19/06/2018 9.08 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.11(2374)20,21
GSTIN - 07AAATM0976H1ZI

PHARMACY 2

ORIGINAL

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
NURSING HOME THIRD FLOOR

Patient Name	: HARI RAM	Indent No	: 987067 19/06/2018 09:00:34 AM
Age / Sex	: 83Y Male	Bill No	: PHNB18004206
IP NO	: 145190	Bill Date	: 19/06/2018 9.07.35 AM
Bed NO	: S321-01	Panel	: RAKSHA TPA
Room No.	: S321		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (28439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	MONOCEF (CEFTRIAXONE) 1.0GM VIAL (H1) (30042019)	B016B306	Jul-20	1	54.79	54.79
2	PERINORM (METACLOPROMIDE)--2.0ML INJ (EMR) (30049039)	GE258004D	Dec-20	1	4.76	4.76
3	RANLOC (RANITIDIN)--2.0ML INJ (EMR) (30049033)	IRH-4508	Aug-19	1	3.13	3.13
4	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	2	8.5	17
5	SYRINGE 5ML(DISPOVAN) (90183100)	817057SH2	Mar-23	1	6.5	6.5

Amount in Word : EIGHTY SIX RUPEES ONLY

Total Amount : 86.18

Delivered By :

Received By :

INDENT DEPT : NURSING HOME THIRD FLOOR

Authorised Signatory

Print Date &Time :- 19/06/2018 9.07 AM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

ORIGINAL

PHARMACY 1

IP Bill of Supply

GSTIN - 07AAATM0976H1ZI
ICCU WARD GROUND FLOOR

Patient Name	: HARI RAM	Indent No	: 988424 22/06/2018 11:49:50 AM
Age / Sex	: 83Y Male	Bill No	: PHOB18026220
IP NO	: 145190	Bill Date	: 22/06/2018 12.03.02 PM
Bed NO	: G 30-11	Panel	: RAKSHA TPA
Room No.	: G 30		
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	BLOOD SET (LAMED) (9018)	1705945	Apr-22	2	119	238
2	NEOMIT (ONDANSETRON) (EMR)--2ML INJ (30049039)	315272	Dec-19	2	11.85	23.7
3	HEXIDINE (80ML) MOUTH WASH (3004)	L80042	Feb-21	1	44.7	44.7
4	METRONIDAZOLE 100ML (AXA) (3004)	AD80357	Mar-21	3	13.63	40.89
5	OFLIN (OFLOXACIN)--200MG/100ML IV (3004)	ABU1002	Dec-19	2	132.3	264.6
6	PANTOP (PANTAPRAZOLE)--40MG VIALS (30049039)	P-1712086	Nov-19	2	45.25	90.5
7	TAMIN BOTTLE (PARACETAMOL)--100ML IV (3004)	RP17065	Nov-19	2	340	680
8	SYRINGE 10ML(DISPOVAN) (90183100)	822103JF1	Apr-23	5	8.5	42.5
9	SYRINGE 2ML(DISPOVAN) (90183100)	816021JD1	[illegible]-23	5	4.5	22.5
10	SYRINGE 5ML(DISPOVAN) (90183100)	802056JN2	Dec-22	5	6.5	32.5

Amount in Word : ONE THOUSAND FOUR HUNDRED AND EIGHTY RUPEES ONLY

Total Amount : 1479.89

Delivered By : Received By : INDENT DEPT : ICCU WARD GROUND FLOOR

Authorised Signatory

Print Date &Time :- 22/06/2018 12.03 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000
Drug Lic No.W(0396)11/R-20-21-20F
GSTIN - 07AAATM0976H1ZI

OT STORE

ORIGINAL
GSTIN - 07AAATM0976H1ZI
OT 1

IP Bill of Supply

Patient Name	: HARI RAM		
Age / Sex	: 83Y Male	Indent No	: 987265 19/06/2018 03:26:56 PM
IP NO	: 145190	Bill No	: PHOB18001601
Bed NO	: S321-01	Bill Date	: 19/06/2018 4.45.55 PM
Room No.	: S321	Panel	: RAKSHA TPA
Doctor Name	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)		

Sl.No	Item Description	BATCHNO	EXPDT	QTY	Rate	Amount
1	SPINAL NEEDLE 26G (BD) (90183220) given	1707015	Jun-22	2	148	296

Amount in Word : TWO HUNDRED AND NINETY SIX RUPEES ONLY

Total Amount : 296.0

Delivered By :

Received By :

INDENT DEPT : OT 1

Authorised Signatory

Print Date &Time :- 19/06/2018 4.45 PM

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000

Drug Lic No.11(2374)20,21

GSTIN - 07AAATM0976H1ZI

Cash Tax Invoice

PHARMACY 2

Patient Name	: Mr. HARI RAM		
Age / Sex	: 83 Years Male	UHID NO	: 813303
Doctor Name	: MED-3	Bill No	: PHNB 18002540
Address	: nd	Date	: 02/06/2018 9.22.18 AM
		Panel	: CASH

Sl.No	Item Description/HSN Code	BATCHNO	EXPDT	QTY	GST%	MRP	Amount
1	TELMA H (TELMISARTAN 80MG + HYDROCHLOROTHIAZIDE 12.5 MG)TAB (3004)	18161023	Sep-18	7	5	20.43	143.01
2	AMLONG (AMLODIPINE)--5.0MG TAB (3004)	AMBS0272	Dec-20	7	12	2.65	18.55
3	PARX—D TAB (3004)	T-180144	Dec-19	14	12	7.4	103.6
4	MAJIK PLUS CAP (2106)	SLC-M2012	May-19	14	18	16	224

CGST : 25.255 SGST : 25.255

Mode	: Credit Card Approval No: 998612	Total Amount	: 489.1599
		Discount Amount	: 48.91
Amount in Word	: FOUR HUNDRED AND FOURTYRUPEES ONLY	Round Off	: -0.25
		Net Amount	: 440
Remarks	: swap 440		
Printed By	: VICKY		

Signature / Billed By

MATA CHANANDEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000

01145582000

IP No	: 145190	Patient Name	: Mr.HARI RAM
Panel Name	: RAKSHA TPA gipsa		
Mob.NO	:	DOA	: 19/06/2018

EID	: 105800	Belt No	: 0
Emp No/ID Card No	: UIC545146669OBCA	CCNNO	: 545221819094227/3194230
Approved Amount	: 67293	Refferred Date	: 23/06/2018
Reffered No	: 0	Policy No	: 5001002817P110689453
Co-Payment Per	:	REMARKS	: AFTER FINAL BILL MAIL FINAL P.R.RS.217293/-

EID	: 105760	Belt No	: 0
Emp No/ID Card No	: UIC545146669OBCA	CCNNO	: 545221819094227/3194230
Approved Amount	: 50000	Refferred Date	: 23/06/2018
Reffered No	: 0	Policy No	: 5001002817P110689453
Co-Payment Per	:	REMARKS	: ADD.P.R.RS.50000/-

EID	: 105527	Belt No	: 0
Emp No/ID Card No	: UIC545146669OBCA	CCNNO	: 545221819094227/3194230
Approved Amount	: 54000	Refferred Date	: 19/06/2018
Reffered No	: 0	Policy No	: 5001002817P110689453
Co-Payment Per	:	REMARKS	: TOTAL P.R. - RS 100000/-

EID	: 105274	Belt No	: 0
Emp No/ID Card No	: UIC545146669OBCA	CCNNO	: 545221819094227/3186294
Approved Amount	: 46000	Refferred Date	: 19/06/2018
Reffered No	: 0	Policy No	: 5001002817P110689453
Co-Payment Per	:	REMARKS	: P..R. - RS 46000/-

MATA CHANAN DEVI HOSPITAL

(210 BEDDED, MULTI-SPECIALITY/SUPER SPECIALITY HOSPITAL)
C-1, JANAK PURI, NEW DELHI - 110058
(NABH & NABL ACCREDITED HOSPITAL)
Ph.: 45582000, 25554702, 25554487, 25610008, 25610009 Fax : 25544001

28/6/18

Pt name HARI RAM, Age 83/male, IP No - 145190 was admitted on 19/6/18 with c/o B/L Inguinal swelling. After PAC clearence & informed consent Pt operated for B/L Inguinal Hernia with mesh plasty on 19/6/18. Post operatively ~~Post~~ Pt start complaining of Abdominal pain & not passing flatus & Abdominal distention. In post op ward Pt also complained of chest uneasiness. For Tachycardia cardio ref was done and advice followed.

Pt x-ray abdomen was done on 21/6/18 which revealed air under diaphragm. So, Pt ~~was~~ underwent Laprotomy for volvulus of Ileum with Ilial perforation & resection - anastomosis done. Post operatively Pt shifted to I.C.U.

Post operatively Pt responded well and Pt shifted to semi pvt in stable condition on 26/6/18. Due to fall in O_2 saturation pulmonology ref was done and advice followed. Now Pt is stable and being planned to discharge on 29/6/18. on 30/6/18

Mahashay Dharampal Heart Institute
For Interventional & Non Interventional Cardiology - Angiography, Angioplasty, By-pass Surgery

Chandrakant
DMB Surgery
61559

FINAL BILL APPROVAL REQUEST

C-1, JANAK PURI, NEW DELHI-58

PHONE NO:-011-45582021/2033, FAX NO: 25622103

E-MAIL ID: panel@mcdh.in, panel.mcdh2@gmail.com

Kind Attention: Doctor in Charge: 29-6-18

NAME OF TPA: RAKSHA

NAME OF PATIENT: HARI RAM

D/POLICY NO: 500100281 7P110689453

CN NO: UIC 54514666 90BCA

nal bill & Discharge summary enclosed, Final Bill Rs: 217293 Rs.

Received Rs: 150000 Rs

ndly confirm whether to collect non payable items as per IRDA from tient or not clearly in final AL

Mentioned : ..... where as patient availed RR Shvt | ICCU

DLY MENTION WHETHER ONLY ROOM DIFFERENCE OR ALL CHARGES DIFFERENCE AS PER RO-RATA DIFFERENCE TO BE TAKEN FROM PATIENT CLEARLY IN FINAL AUTHORIZATION. T IS ASSURED THAT NO DEDUCTION WILL BE MADE AT THE TIME OF FINAL SETTLEMENT THE FINAL BILL AND IF ANY DEDUCTION WILL BE MADE DURING THE FINAL SETTLEMENT THE BILLS THE CONCERNED TPA WILL BE HELD RESPONSIBLE FOR THAT KIND OF UCTION MADE IN THE BILLS.

Final Bill & discharge Summ Enclosed. Kindly approve Final Bill amount

Thanks.

Mata Chanan Devi Hospital
C-1, Janakpuri, New Delhi

29.6.18

Raksha

Date: 29-Jun-2018

TPA Letter No:Raksha/Ref-545221819094227/3202862

To,
Mata Chanan Devi Hospital
Hospital Id:110058034
C-1,Janakpuri,
New Delhi,Delhi,110058

Mandatory Documents to be submitted along with Claim file for early settlement of Cashless Claims:

1.Original Claim form Part B Duly signed and stamped (Refer www.rakshatpa.com).

2.PPN Network Declaration form duly signed by the patient or his/her representative (Refer www.rakshatpa.com).

3.Pre-Auth form Part C in original (Refer www.rakshatpa.com).

4.Original Discharge Summary, Final Bill, Original Sticker & Invoice,All Original Films (Refer www.rakshatpa.com).

Subject: Cashless facility for the treatment of BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE, RECURRENT (BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE).

Mr./Mrs.:- Hari Ram Father of Siyanand Tanwar is to be admitted at your hospital on 19/06/2018 12:00:00 PM.

Member id	**UIC545146669OBCA**	**Policy No.**	**5001002817P110689453**
Policy Period	**01/10/2017 to 30/09/2018**	**Age**	**83**

Therefore kindly extend the credit facility as per the MOU signed with you.

- Admission only for the purpose of Investigation/Evaluation are not covered under insurance policy.
- Discount will be applicable to the authorized amount.
- Treatment of HIV +ve is not covered under insurance policy.
- Misrepresentation of the facts,the credit letter will stand null & void.

Expense Detail	Requested Amount	Pass Amount*	Deduction Amount	Reason
ICU Charges(Per Day)	6000*5=30000	6000*5=30000	0*5=0	NA
Semi-Private Room(Per Day)	3000*3=9000	3000*3=9000	0*3=0	NA
Surgical Services	41400	41400	0	ANY DISCREPANCY IN HOSPITAL TARIFF WILL BE LIABILITY OF HOSPITAL
Doctor Fees	14100	14100	0	
Medication Charges	35330	35330	0	
Others Charges	6430	6430	0	NA
Investigation Charges	25911	25911	0	NA
Surgeon Fees	55122	55122	0	NA
				NA
				NA

Total amount payable to Hospital is Rs.217293/- (Inclusive TDS)

Do not collect any non-payable/consumable amount from the patient except Room Rent Difference/Diet charges, Cosmetics/Accessories,Expenses towards attendant,Vaccination Charges,Internet/Telephone charges,Babyfood and Toileteries.

Thanking You,
Yours Faithfully

for Raksha Health Insurance TPA Pvt.Ltd.

The letter is valid for admission within 7 Days or policy expiry date which ever is earlier.

Raksha Health Insurance TPA Pvt.Ltd.First Floor, 14/3, Main Mathura Road, Faridabad-121003,
Phone: 0129-4289999,18001801444, Fax: Cashless-011-66173411, 45823411, E-Mail:crcm@rakshatpa.com

This is a computer generated statement and does not require signature.

Raksha

Date: 29-Jun-2018

TPA Letter No:Raksha/Ref-545221819094227/3202099

To,
Mata Chanan Devi Hospital
Hospital Id:110058034
C-1,Janakpuri,
New Delhi,Delhi,110058

Mandatory Documents to be submitted along with Claim file for early settlement of Cashless Claims:

1.Original Claim form Part B Duly signed and stamped (Refer www.rakshatpa.com).

2.PPN Network Declaration form duly signed by the patient or his/her representative (Refer www.rakshatpa.com).

3.Pre-Auth form Part C in original (Refer www.rakshatpa.com).

4.Original Discharge Summary, Final Bill, Original Sticker & Invoice,All Original Films (Refer www.rakshatpa.com).

Subject: Authorisation for extension of credit facility for the treatment of BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE, RECURRENT (BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE).

Mr./Mrs.:- Hari Ram Father of Siyanand Tanwar is to be admitted at your hospital on 19/06/2018 12:00:00 PM.

Member id	**UIC545146669OBCA**	**Policy No.**	**5001002817P110689453**
Policy Period	**01/10/2017 to 30/09/2018**	**Age**	**83**

Therefore kindly extend the credit facility as per the MOU signed with you.

- Admission only for the purpose of Investigation/Evaluation are not covered under insurance policy.
- Discount will be applicable to the authorized amount.
- Treatment of HIV +ve is not covered under insurance policy.
- Misrepresentation of the facts,the credit letter will stand null & void.

Expense Detail	Requested Amount*	Pass Amount*	Deduction Amount	Reason
Others Charges	225818	150000	75818	SEND FINAL BILL AS PER TARIFF

Total amount payable to Hospital is Rs.150000/- (Inclusive TDS)

Do not collect any non-payable/consumable amount from the patient except Room Rent Difference/Diet charges, Cosmetics/Accessories,Expenses towards attendant,Vaccination Charges,Internet/Telephone charges,Babyfood and Toileteries.

Thanking You,
Yours Faithfully

for Raksha Health Insurance TPA Pvt.Ltd.

The letter is valid for admission within 7 Days or policy expiry date which ever is earlier.

Raksha Health Insurance TPA Pvt.Ltd.First Floor, 14/3, Main Mathura Road, Faridabad-121003,
Phone: 0129-4289999,18001801444, Fax: Cashless-011-66173411, 45823411, E-Mail:crcm@rakshatpa.com

This is a computer generated statement and does not require signature.

545221819094227

REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

THE THIRD PARTY ADMINISTRATOR

PART –C

(To

TPA: RAKSHA TPA PVT. LTD
Toll Free Number: 1800-180-1444
Fax (TPA): 011-66173411

TWA01 UIC 54514666904

TO BE FILLED BY THE INSURED / PATIENT

a) Name of the Patient: HARI RAM
b) Gender: Male / Female
c) Age: Years 83 Months
d) Date of birth
e) Contact number
f) MDID number
g) Policy number / Name of corporate
h) Employee ID
i) Previous policy details –Policy No
j) Insurance Company
k) Currently do you have any other Mediclaim / Health Insurance: Yes / No Give details
l) Do you have a family Physician: Yes / No
m) Name of the family Physician
n) Contact number, if any

Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

(PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

TO BE FILLED BY THE TREATING DOCTOR/HOSPITAL

a) Name of the treating doctor: DR. V. K. Tau
b) Contact number: Dr. S. Tally
c) Nature of ILLNESS / Disease with presenting complaints: Pain & swelling low abdomen
d) Relevant clinical findings: Abdomen / Inguinal.
e) Duration of the present ailment: Days
i. Date of first consultation
ii. Past history of present ailment if any: 2-3 yrs.
f) Provisional diagnosis: B/L Inguinal hernia
i. ICD 10 Code
g) Proposed line of treatment: Medical Management / Surgical Management / Intensive care / Investigation / Non allopathic treatment
h) If Investigation & / or Medical Management provide details: USG emerg
ii) Route of drug administration: Oral / Parenteral
i) If surgical, name of surgery: B/L Inguinal herniaplasty
j. ICD 10 PCS Code:
Type of Anaesthesia: Local / GA / Spinal
l) In case of accident: i. Is it RTA Yes / No ii. Date of Injury iii. MLC Yes / No iv. FIR No
v. Injury / Disease caused due to substance abuse / alcohol consumption Yes / No
vi. Test conducted to establish this Yes / No (If Yes attach reports)
vii. How did injury occur:
m) In case of Maternity: G P L A Date of Delivery DD MM YY
n) Details of the patient admitted
a) Date of admission: 19/06/18
b) Time
c) Is this an emergency / a planned hospitalization event? Emergency / Planned
d) Expected no. of days stay in hospital: 1-2 Days
e) Room Type: Pvt.
f) Per Day Room Rent + Nursing & Service Charges + Patient's Diet: Rs @ 4400/day
g) Expected cost for investigation + diagnostics: Rs
h) ICU Charges: Rs
i) OT Charges: Rs
j) Professional fees Surgeon + Anesthetist Fees + Consultation Charges: Rs
k) Medicines + Consumables + Cost of Implants (if applicable please specify).Other hospital expenses if any: Rs 46000-00
l) All inclusive package charges if any applicable: Rs 40000-00
m) Sum Total expected cost of hospitalization: Rs 86000-00

Mandatory: Past history of any chronic illness	Yes	No	If yes, since (month / year)
Diabetes			
Heart Disease			
Hypertension			
Hyperlipidemias			
Osteoarthritis			
Asthma / COPD / Bronchitis			
Cancer			
Alcohol or drug abuse			
Any HIV or STD / Related ailments			
Any other Ailment gives details			

(PLEASE READ THE DECLARATION CAREFULLY)

DECLARATION

We confirm having read understood and agreed to the Declarations on the reverse of this form

a) Name of the treating doctor: DR. V. K. TAU
b) Qualification
c) Registration No. with State Code
Treating Doctor Signature: Dr. S. Tally.

Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Name of Hospital / Nursing Home
Hospital City
Tele /Mobile No
Fax No
Email ID

Hospital Seal (Must include Hospital ID)

Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

Patient / Insured Name & Signature

(IMPORTANT: PLEASE TURN OVER)

Raksha

TPA Letter No:Raksha/Ref-545221819094227/3194230

[illegible]-Jun-2018

[illegible] Chanan Devi Hospital
Hospital Id:110058034
[illegible] Janakpuri,
New Delhi,Delhi,110058

Mandatory Documents to be submitted along with Claim file for early settlement of Cashless Claims:

1.Original Claim form Part B Duly signed and stamped (Refer www.rakshatpa.com).

2.PPN Network Declaration form duly signed by the patient or his/her representative (Refer www.rakshatpa.com).

3.Pre-Auth form Part C in original (Refer www.rakshatpa.com).

Original Discharge Summary, Final Bill, Original Sticker & Invoice,All Original Films (Refer www.rakshatpa.com).

Subject: Authorisation for extension of credit facility for the treatment of BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE, RECURRENT (BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE).

Mr./Mrs.:- Hari Ram Father of Siyanand Tanwar is to be admitted at your hospital on 19/06/2018 12:00:00 PM.

Member id	UIC545146669OBCA	Policy No.	5001002817P110689453
Policy Period	01/10/2017 to 30/09/2018	Age	83

Therefore kindly extend the credit facility as per the MOU signed with you.

- Admission only for the purpose of Investigation/Evaluation are not covered under insurance policy.
- Discount will be applicable to the authorized amount.
- Treatment of HIV +ve is not covered under insurance policy.
- Misrepresentation of the facts,the credit letter will stand null & void.

Expense Detail	Requested Amount	Pass Amount*	Deduction Amount	Reason
Others Charges	183063	100000	83063	KINDLY SEND FINAL BILL AND DISCHARGE SUMMARY

Total amount payable to Hospital is Rs.100000/- (Inclusive TDS)

Do not collect any non-payable/consumable amount from the patient except Room Rent Difference/Diet charges, Cosmetics/Accessories,Expenses towards attendant,Vaccination Charges,Internet/Telephone charges,Babyfood and Toileteries.

Thanking You,
Yours Faithfully

for Raksha Health Insurance TPA Pvt.Ltd.

The letter is valid for admission within 7 Days or policy expiry date which ever is earlier.

Raksha Health Insurance TPA Pvt.Ltd.First Floor, 14/3, Main Mathura Road, Faridabad-121003,
Phone: 0129-4289999,18001801444, Fax: Cashless-011-66173411, 45823411, E-Mail:crem@rakshatpa.com

This is a computer generated statement and does not require signature.

545221819094227

REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

DETAILS OF THE THIRD PARTY ADMINISTRATOR — PART-C — (To be filled in block letters)

a) Name of TPA: AAKSHA TPA PVT. LTD
b) Contact person number:
c) Toll free No.:

TPA001 UIC 54514666 90 BCA

TO BE FILLED BY THE INSURED / PATIENT

a) Name of the Patient: [illegible]
b) Gender: Male / Female
c) Age: Years 83 Months
d) Date of birth
e) Contact number
f) MDID number
g) Policy number / Name of corporate
h) Employee ID
i) Previous policy details – Policy No
j) Insurance Company
k) Currently do you have any other Mediclaim / Health Insurance: Yes / No — Give details
l) Do you have a family Physician: Yes / No
m) Name of the family Physician
n) Contact number, if any

Lala Chanan Devi Hospital
Ganesh Pura, New Delhi-54

(PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

TO BE FILLED BY THE TREATING DOCTOR/HOSPITAL

a) Name of the treating doctor: [illegible]
b) Contact number: [illegible]
c) Nature of ILLNESS / Disease with presenting complaints: Pain & swelling
d) Relevant clinical findings: Bulging / Inguinal
e) Duration of the present ailment: Days
i. Date of first consultation
ii. Past history of present ailment if any: [illegible]
f) Provisional diagnosis: B/L Inguinal hernia
iii. ICD 10 Code
g) Proposed line of treatment: Medical Management / Surgical Management / Intensive care / Investigation / Non allopathic treatment
h) If Investigation & / or Medical Management provide details: USG emerg
i) Route of drug administration: Oral / Parenteral
j) If surgical, name of surgery: B/L Inguinal herniaplasty
iv. ICD 10 PCS Code
Type of Anaesthesia: Local / GA / Spinal
k) In case of accident: Is it RTA: Yes / No
ii. Date of Injury
iii. MLC: Yes / No
iv. FIR No
v. Injury / Disease caused due to substance abuse / alcohol consumption: Yes / No
vi. Test conducted to establish this: Yes / No (If Yes attach reports)
vii. How did injury occur
l) In case of Maternity: G P L A
Date of Delivery
m) Details if the patient admitted
n) Date of admission: 19/06/18
o) Is this an emergency / a planned hospitalization event? Emergency / Planned
p) Expected no. of days stay in hospital: 1-2 Days
q) Per Day Room Rent + Nursing & Service Charges + Patient's Diet: Rs @ 4401 day
r) Expected cost for investigation + diagnostics: Rs
s) ICU Charges: Rs
t) OT Charges: Rs
u) Professional fees Surgeon, Anesthetist Fees + Consultation Charges: Rs
v) Medicines + Consumables + Cost of Implants (if applicable please specify). Other hospital expenses if any: Rs
w) Inclusive package charges if any applicable: Rs
x) Total expected cost of hospitalization: Rs

Mandatory: Past history of any chronic illness

	Yes	No	If yes, since (month / year)
Diabetes	✓		
Heart Disease		✓	
Hypertension		✓	
Hyperlipidemias		✓	
Osteoarthritis		✓	
Asthma / COPD / Bronchitis		✓	
Cancer		✓	
Alcohol or drug abuse		✓	
Any HIV or STD / Related ailments		✓	
Any other Ailment gives details			

DECLARATION

I have read understood and agreed to the Declarations on the reverse of this form

Name of doctor: [illegible]
b) Signature
c) Registration No. with State Code: [illegible]
Name

Tele /Mobile No _____ Fax No _____ Email ID _____

Lala Chanan Devi Hospital
New Delhi

Patient / Insured Name & Signature

(IMPORTANT: PLEASE FILL ON ...)

Raksha

Date: 16-Jun-2018

TPA Letter No:Raksha/Ref-545221819094227/3186294

To,
Mata Chanan Devi Hospital
Hospital Id:110058034
C-1,Janakpuri,
New Delhi,Delhi,110058

Mandatory Documents to be submitted along with Claim file for early settlement of Cashless Claims:

1.Original Claim form Part B Duly signed and stamped (Refer www.rakshatpa.com).

2.PPN Network Declaration form duly signed by the patient or his/her representative (Refer www.rakshatpa.com).

3.Pre-Auth form Part C in original (Refer www.rakshatpa.com).

4.Original Discharge Summary, Final Bill, Original Sticker & Invoice,All Original Films (Refer www.rakshatpa.com).

Subject: Cashless facility for the treatment of BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE, RECURRENT (BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE).

Mr./Mrs.:- Hari Ram Father of Siyanand Tanwar is to be admitted at your hospital on 19/06/2018 12:00:00 PM.

Member id	UIC545146669OBCA	Policy No.	5001002817P110689453
Policy Period	01/10/2017 to 30/09/2018	Age	83

Therefore kindly extend the credit facility as per the MOU signed with you.

- Admission only for the purpose of Investigation/Evaluation are not covered under insurance policy.
- Discount will be applicable to the authorized amount.
- Treatment of HIV +ve is not covered under insurance policy.
- Misrepresentation of the facts,the credit letter will stand null & void.

Expense Detail	Requested Amount	Pass Amount*	Deduction Amount	Reason
Others Charges	56000	46000	10000	NA

Total amount payable to Hospital is Rs.46000/- (Inclusive TDS)

This is initial approval for further enhancement send us the final bill and discharge summary

Do not collect any non-payable/consumable amount from the patient except Room Rent Difference/Diet charges, Cosmetics/Accessories,Expenses towards attendant,Vaccination Charges,Internet/Telephone charges,Babyfood and Toileteries.

Thanking You,
Yours Faithfully

for Raksha Health Insurance TPA Pvt.Ltd.

The letter is valid for admission within 7 Days or policy expiry date which ever is earlier.

Raksha Health Insurance TPA Pvt.Ltd.First Floor, 14/3, Main Mathura Road, Faridabad-121003,
Phone: 0129-4289999,18001801444, Fax: Cashless-011-66173411, 45823411, E-Mail:crem@rakshatpa.com

This is a computer generated statement and does not require signature.

545221819094227

MATA CHANAN DEVI HOSPITAL

#C-1, JANAKPURI, NEW DELHI - 110058, PH.:01145582000

ISO 9001:2008 Certified

210 Bedded Multispecialty Hospital

Email: info@mcdh.in WebSite: www.mcdh.in

General OPD

Hospital Registration No.

OPD Registration Time : 08:30 AM TO 10:00 AM

Reg No	: 813303	**Date**	: 29/05/2018 08:40:25 am
Patient Name	: Mr. HARI RAM	**Age / Sex**	: 83Years / Male
Panel/Ref By	: Hospital	**Department**	: G.SURGERY
Remarks	:	**Unit**	: GSR-2
Mobile No.	: 8979690808 **Token No.** : 5	**Consultant**	: DR.VIMAL KUMAR JAIN (DMC 8198),DR. SHALIT JOLLY DMC (25439)
Days	: TUE & FRI **Room No.** : 623		

Initial Assessment & Plan of Care

Clinical Notes:

Past History:

Drug/Food allergy ..... No

Examination(General & Systemic)

B.P. 190/100 **Pulse** **Temp.** N

Investigations

Nutritional Screening

Wt.(Kg) 71 Kg Ht.(cm)/Head Circum. 168 cm BMI 25

Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Provisional/Diagnosis: B/L Scrotal swelling

Treatment: B/L Inguinal Hernia.

Plan - Surgery

AN

- USG - W/A

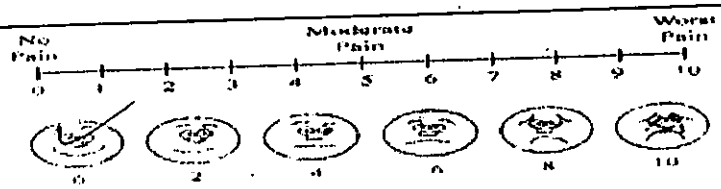
- PAC - 3 package

Time

Follow Up/Next Visit On:

Diet & Precautions

Pain assessment:



Psychological History: Normal/Anxious/Depressed

Psychosocial:-Nil/Smoking/Tobacco/Alcohol(Social/Excess)

Functional: Independent/Need Assistance/Dependent

MATA CHANAN DEVI HOSPITAL

C-1, JANAKPURI NEW DELHI - 110058

ISO 9001:2008 CERTIFIED

210 Bedded Multispeciality Hospital

Email: info@mcdh.in, Website: www.mcdh.in

General OPD

Reg No	: 813303 SV No.: 1521643124	**Date**	: 01/06/2018 8:41 AM
Patient Name	: Mr. HARI RAM	**Age / Sex**	: 83 Years 3 Days / Male
Panel/Ref By	: Hospital	**Department**	: G.SURGERY
Remarks	:	**Unit**	: GSR-2
Mobile No.	: 8979690808 **Token No.** : 8	**Unit Dr.**	DR.VIMAL KUMAR JAIN (DMC 8198),DR. SHALIT JOLLY DMC (25439)
Days	: TUE & FRI **Room No.** : 623		

Initial Assessment & Plan of Care

Clinical Notes:

Past History: PAC 624

Drug/Food allergy NO

Examination(General & Systemic)

B.P. 190/100 **Pulse** **Temp.** N

Investigations

PSA

Adv Physician ref.

Nutritional Screening

Wt.(Kg) 72 Kg **Ht.(cm)/Head Circum.** 168cm **BMI** 25

Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Provisional Diagnosis

Bil Ing Hernia c BHP

Treatment

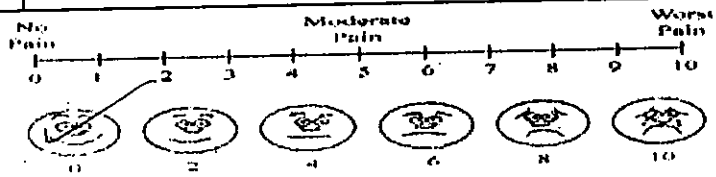
Adv. Surgery.

Time :

Follow Up/Next Visit On :

Diet & Precautions

Pain assessment:



Psychological History: Normal/Anxious/Depressed

Psychosocial:-Nil/Smoking/Tobacco/Alcohol(Social/Excess)

Functional: Independent/Need Assistance/Dependent

MATA CHANAN DEVI HOSPITAL

C-1, JANAKPURI NEW DELHI - 110058

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210 Bedded Multispeciality Hospital

Email: info@mcdh.in, Website: www.mcdh.in

General OPD

Reg No	: 813303 SV No.: 1521643264	Date	: 01/06/2018 10.33 AM
Patient Name	: Mr. HARI RAM	Age / Sex	: 83 Years 3 Days / Male
Panel/Ref By	: Hospital	Department	: UROLOGY
Remarks	:	Unit	: UROLOGY-2
Mobile No.	: 8979690808 Token No. : 4	Unit Dr.	DR.MITHLESH KUMAR SINGH (DMC 23834) (9910123841)
Days	: TUE & FRIDAY Room No. : 623		

Initial Assessment & Plan of Care

Clinical Notes:

Past History:

Drug/Food allergy

Examination(General & Systemic)

B.P. Pulse Temp.

Investigations

Nutritional Screening

Wt.(Kg).....Ht.(cm)/Head Circum.....BMI.....

Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Provisional Diagnosis

~~Treatment~~ Advice:-

1) TURP c̄ Dr. Mesh Repair.

Time :

Follow Up/Next Visit On :

Diet & Precautions

Pain assessment: No Pain — Moderate Pain — Worst Pain

Psychological History: Normal/Anxious/Depressed

Psychosocial:-Nil/Smoking/Tobacco/Alcohol(Social/Excess)

Functional: Independent/Need Assistance/Dependent

MATA CHANAN DEVI HOSPITAL

C-1, JANAKPURI NEW DELHI - 110058
ISO 9001:2008 CERTIFIED
210 Bedded Multispeciality Hospital
Email: info@mcdh.in, Website: www.mcdh.in

General OPD

Reg No	: 813303 SV No.: 1521643364	Date	: 02/06/2018 8.25 AM
Patient Name	: Mr. HARI RAM	Age / Sex	: 83 Years 4 Days / Male
Panel/Ref By	: Hospital	Department	: MEDICINE
Remarks	:	Unit	: MED-3
Mobile No.	: 8979690808 Token No. : 6	Unit Dr.	DR.G S KOCHHAR (DMC 2542),DR.V.S. ISSAR (DMC 11059)
Days	: WED & SAT Room No. : 621		

Initial Assessment & Plan of Care

Clinical Notes:

Past History:
K/c/o Inguinal hernia B/L
- BPH

7 day

Drug/Food allergy NO

Examination(General & Systemic)
B.P. 180/90 Pulse Temp. N

Investigations
LFT - (N)
KFT - 24/0.97/5.9/ 142/4.8
RBS - 103
CBC - 15.5/6810/2.00
64/30/4/2

Nutritional Screening
Wt.(Kg) 72 Ht.(cm)/Head Circum 168cm BMI 25
Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Provisional Diagnosis
K/c/o HTN
BPH
B/L Inguinal hernia

Treatment
1. T. TELMA-H (40/12.5) 0-1 (morning)
2. T. AMTAS 5mg 0-1 (evening)
3. T. PARX 1 BD 0-0
4. CP. MAJIK PLUS BD 0-0

Daily BP monitoring (M) (E)
& keep charting
Avoid salty diet

Time :

Follow Up/Next Visit On :

Diet & Precautions

Pain assessment: No Pain 0 — Moderate Pain 5 — Worst Pain 10

Psychological History: Normal/Anxious/Depressed
Psychosocial: Nil/Smoking/Tobacco/Alcohol(Social/Excess)
Functional: Independent/Need Assistance/Dependent

USG W/A gr I fatty liver
BPH
2D echo - DD gr I
LVEF 60%

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C-1, JANAKPURI NEW DELHI - 110058

ISO 9001:2008 CERTIFIED

210 Bedded Multispeciality Hospital

Email: info@mcdh.in, Website: www.mcdh.in

General OPD

Reg No	: 813303 SV No.: 1521644943	Date	: 09/06/2018 8.40 AM
Patient Name	: Mr. HARI RAM	Age / Sex	: 83 Years 11 Days / Male
Panel/Ref By	: Hospital	Department	: MEDICINE
Remarks	:	Unit	: MED-3
Mobile No.	: 8979690808 Token No. : 14	Unit Dr.	DR.G S KOCHHAR (DMC 2542),DR.V.S. ISSAR (DMC 11059)
Days	: WED & SAT Room No. : 621		

Initial Assessment & Plan of Care

Clinical Notes:

Provisional Diagnosis: K/C/O. HTN / BPH / B/L Inguinal Hernia

Past History: known

Drug/Food allergy: No

Examination(General & Systemic)

B.P. 150/80 Pulse Temp. N

Investigations

Treatment

1. T. TELMA-H (40/12.5) 0-1-0 (morning)
2. T. URIMAX-D 1 Tab HS (रात)
3. T. PARX-D (1) 0-1-0 (खाने के बाद)
4. Cp MAJIK PLUS BD
5. [illegible]

Sign 7434

Time :

Follow Up/Next Visit On :

Diet & Precautions

Nutritional Screening

Wt.(Kg) 72 Kg Ht(cm)/Head Circum. 168 cm BMI 25

Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Pain assessment: No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain; Moderate Pain

Psychological History: Normal/Anxious/Depressed

Psychosocial: Nil/Smoking/Tobacco/Alcohol(Social/Excess)

Functional: Independent/Need Assistance/Dependent

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

Patient Name : ___ CR NO. : 818544 IP NO : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DM (25439)
UHID No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
	Tto Notes	25/06/18 @ 05:50 pm
	G/E	
	GC – Sick Conscious	GCS = 15/15
	BP – 120/70 mmHg	
	Pulse – 102/min	
	RR – 18/min	
	SpO2 – 92% c O2 support	@ 3 lt/min
	O/E	
	Chest – B/L A/E (+)	
	CVS – S1S2 (+)	
	PA – soft B/S (+)	
	CNS – Conscious	
	Adv.	
	– Monitor vitals 1 hrly	
	– Inform SOP.	
	– Rest c SP	
	– CHO	
	– CBC	
	– KFT	
	– ABG	
	– CXR	
	Dr. Prajanya Prasoon Resident Medical Officer DMC Regn No 65325 Mata Chanan Devi Hospital C-1, Janak Puri, New Delhi-58	Prog. and criticality of pt. has been explained in his own language to Mr. Siyanand Tanwar (Son) Sodi

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6/18	physio (M) (9:00 am)	chest physio carried out (Injects)
6/6/18 (M) 9:30 AM	GISR-II GCC - Stable Pulse - 90/min BP - 120/80 SpO2 - 95% c̄ O2 RS - BAE (+) CVS - S1S2 (+) P/A - soft, BS(+), Flatus passed. Input - 2760 ml out put - 805 ml shifted to Ward	Adv - soft diet - Inj TAZAR 4.5 gm IV TDS - Inj PAN 40 IV BD - Inj EMSET IV BD - Inj PARACIP 500 mg SOS - Tab AMLODIPIN 5 mg BD - Tab IVAMODE 5 mg BD - Nebulization c̄ Duolin - BD ī Budecort - TDS - Spirometry 3rd hourly

MATA CHANAN DEVI HOSPITAL

Progress Sheet
Tc be filled by Doctor

R NO. 816544 IP NO. 145190
ame Mr./HARI RAM/83/Yrs/MALE
ancl RAKSHA TPA
om/Ward G 30-11 ICCU WARD GROUND FLOOR
DA/TOA 19/06/2018 7.39 AM PRIVATE
nit/Cons GSR-2
mitting Doctor Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : _____ D No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
21/6/18 9:30AM	S/B Surg II Pulse - 100/m BP 130/80 P/A - Tenderness +ve - BS - +ve absent 2FFP transfused yesterday Drain RI / LI 10-20 ml Serosanguinous Input - 1500 + 2FFP output - 835 ml - 50-60 ml/hr. Adv 2 FFP - Empty drains. - Inj KCl 1 amp in drip & give slowly IV - Steam inhalation TDS. - Oral hygiene.	Hb = 12.0 TLC = 12240 Urea - 62 Creatinine - 1.17 Na+ - 138.8 K+ - 3.9 S. Albumin - 3.02 RBS - 123 mg/dl. Adv - NPO - Inj TAZAR 4.5 gm IV TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj EMSET IV BD - Inj OFLOX 200mg BD - Inj PARACIP 100 ml TDS - Nebulization : Duolin TDS - IVF @ 100 ml/hr : Budwell BD 6/15/19

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
16	Physio ambulation c̄ support contd Dr Shitij Sanjupt (Physio)	
22/11/18 5 pm	S/B Surg II Decin { R - Nil L - Nil	Gel Sano Hole PSA - Salt, N7 BS sluggish CS7

MATA CHANAN DEVI HOSPITAL

Progress Sheet

To be filled by Doctor

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
anel : RAKSHA TPA
oom/Ward : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7.39 AM PRIVATE
ill/Cons : GSD 8
imiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : ID No. :

IP No. :

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
	CASE DOD	
22/06/18 7.30PM	A'S/- post op B/L Inguinal hernia repair - post op Exp. laparotomy + Resection Anastomosis - HTN - BPH.	
7.00 - 1100ml 455ml	Pt is conscious & oriented Vapes to touch O/E G.C - Sick B.P - 110/70 mmHg Pr - 95/min Spo2 - 98% on Nebulisation Chest - B/L AE ⊕ CVS - S1S2 ⊕ CNS - conscious PA - Mild distention ⊕ B.S. - V.V audible 5-6 times/min	- Cont. RT aspiration (-) - ⊕ Drain 1 ⊕ → 5x1 - ⊕ Drain 2 ⊕ - 2-5x - Foley's ⊕
Clm → HB → TLC, DLC → RFT.		Adv → 2 Ns/Ringer - 200 ml/hr & + 2 Ns/Ringer 125/hr → H/F urine output. If U/O < 35 ml/hr for continuous 2 hr to inform → H/F Abd. distention → H/F Shock → Post OT, ⊕ Pulm

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23/6	physio (M) (8:30 am)	
	Chest physio contd	
	+ Incentive spirometry (injection)	

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

R NO. : 818544 IP NO. : 145190
ame : Mr./HARI RAM/83/Yrs/MALE
ancl : RAKSHA TPA
Patient Name oomWard : G 30-11 ICCU WARD GROUND FLOOR
OA/TOA : 19/06/2018 7:00 AM PRIVATE
nit/Cons : GSR-2
dmiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

UHID No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23/6/18 10 AM	C/S/B - Surgery - II G.C. stable Pulse - 100/min BP - 110/80 P/A - Tenderness (+) BS + Drain - Rt / Minimal Lt (S.S) Urine output - 1460 ml Input - 3600 ml 2 FFP transfused on 22/6/18.	Hb - 10.5 TLC - 9290 Urea - 145.5 Cr - 3.8 Albumin - 3.16
	Adv - NPO - Inj TAZAR 4.5 gm TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj EMSET 4 mg BD - Inj OFLOX 200 mg BD - Inj PARACIP 100 ml TDS SOS - Nebulisation c̄ Duolin TDS c̄ Budecort BD - Incentive spirometry 3rd hourly	

Stable
C/Sauce +
Inj Lasix 10 mg IV stat

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23/6/2018 10:40 AM	Critical care Posl op case of ~~Her~~ Inguinal Hernia and intestinal perforation repair	
	BP - 110/80 mmHg RR - 95/m HR - 131/m T° - 98.2°F	Hb - 10.5 gm/dl TLC - 9290 Platelet - 45 S. Crt 1.0 Na - 145.5 K - 3.8
	Crt - B/L air entry ⊕ CVS - S1 S2 (N) CNS - Conscious PA - DSG ⊕ Drain insitu BS ⊕	
		Adv:- - Continue R.T. aspiration - I/O Charting - Incentive Spirometry 3rd hly - Physiotherapy - Mobilisation - Monitor vitals

Dr. Jitendra Kumar
DMC 34690

Dr. Jitendra Kumar
Resident Medical Officer
DMC Reg. No. 34137
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

CR NO 818544 IP NO 145190
Name Mr./HARI RAM/83/Yrs/MALE
Party RAKSHA TPA gipsa
Room/Ward G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA 19/06/2018 7:39 AM PRIVATE
Unit/Cons GSR 2
Admitting Doctor Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : _

UHID No. : 15

IP No. : __

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23/6 3:00 pm	Physiotherapy Cont'd c ambulation c support	Stop Distinct support (physio)
23/6/18 6 pm	S/O Surg OR G/ Sam AAL P - 100/m SpO2 - 92% R/A - Scalp ok	CSO

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
23-6-18 2:45 PM E+N	Case seen by critical care in Post OP B/L inguinal hernia c̄ exp-laparotomy c̄ HT N c̄ BPH.	
	SpO2 = 90% UOP ++	GCS-WK PIR-101 / min BP-130/80 mmHg Chest B/L Air entry (+) CVS-S1S2 (+) CNS-conf P/A Drain in situ
	HB 10.5 TLC = 9290 BU = 45 Creat 1.0 Na+ = 145.5 K+ = 3.8	
	RL / DN S @ 100 ml/hr	AdV CST. CBC / KFT. CXR. C/M. Rest as per adv. surgery unit. DR A Zaheer critical care SSM-17031

MATA CHANAN DEVI HOSPITAL

C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet

To be filled by Doctor

Patient Name

CR NO. : 818544 IP NO. 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

83yrs/M HID No. : 818544

GSR -II

IP No. : ____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/18	physio (M) (9:00 am) chest physio could not be done	

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
29/6/ 10 AM	C/S/B GCSR - II GC - stable. BP - 130/80 mmHg PR - 92/min P/A - Tenderness (+) B/S (+) Drain - Rt } Minimal Lt } Urine output - 980ml Input - 3200ml - Inj KCl (1) amp in drip - Mobilize the pt - CST	HB - 10.7 TLC - 7400 Na - 148.2. K+ - 3.4. Albumin - 2.91 CVS - S1 S2 (+) CNS - Concious, Oriented GCS - E4 V5 M6 RS - BAE (+). Adv Inj TAZAR 4.5gm TDS Inj METROGYL 100ml TDS Inj PAN 40mg BD Inj EMESET 4mg BD Inj TRAMADOL 1amp BD Inj PARACIP 100ml SOS. T. AMLODIPINE BD. 5mg. T. IVABODE 5mg BD. NEB c̄ DUOLIN 1Resp TDS. NEB c̄ BUDECORT 1Resp BD STEAM INHALATION TDS.
	Hilton Dr Hitesh Bhoj Sr.	

MATA CHANAN DEVI HOSPITAL

Progress Sheet
To be filled by Doctor

Patient Name : 818544 IP NO. 145190
Mr./HARI RAM/83/Yrs/MALE
RAKSHA TPA gipsa
Room/Ward : G 30 11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7 39 AM PRIVATE
Unit/Cons : CSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

7/M UHID No. : 818544

IP No. : 14

CSR - II

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/2018	Critical care	
	BP - 130/20 mm	
	PR - 79/m	
	RR - 13/m	TLC - 7400
	T° - 98.4°F	Hb - 5.1
		Serum - 0.92
	Ur B/L air entry	Na - 148.2
	CVS - P.S. (+)	K - 3.4
	CNS - Conscious	
	PA - Soft	
		Adv.
		- Physiotherapy
		- Mobilisation
		- Incentive spirometery
		- Steam Inhalation
		- Monitor vitals

Dr. Vimal Kumar
Medical Officer
25137
Hospital
New Delhi-58

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
24/6/18	C/S/S DCD c/o Post op Day 3 Inguinal hernia c̄ exp Laparotomy c̄ HTN c̄ BPH Gen Stable Conscious oriented BP 140/80 mmHg Pulse 98/min Chest B/L NVB CVS S1S2 ⊕ Spr 98% RR 20/min P/A soft	Adv → Strict vital charting → CBC, KFT c/m → Rest c/m Sanoje 12/7/7

MATA CHANAN DEVI HOSPITAL

Progress Sheet

To be filled by Doctor

CR NO. : 818544 IP NO. : 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admiting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

Patient Name : UHID No. :

IP No. :

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
4/6/18 (F) S.cotin	CSR-II	
	CC - stable Afebrile Pulse - 90/min BP - 130/80 RS. BAE (+) CVS - S1S2 (+) P/A. soft, BS (+), Pleuler rubbed	
	Adv - NRB - CST	

MCDH / IPD / Progress Notes form / F-53 / Ver-2 / jun-18

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
6/18 4:30 pm	CSR-II	
	HR - Stable Pulse - 87/min BP - 130/80 RS: BAE (+) CVS - S1S2 (+) P/A - Soft, BS (+) Flatus passed	Hb = 11.8 TLC = 8950 Urea - 51 Na+ - 145.1 K+ - 3.9 Albumin - 2.85 Creat - 0.91
	Drain - Both Minimal (S.S) Ryle's tube - 200 ml Input - Output -	
		Adv - Oral sips of water - CS? - Mobilize the pt. - Inj TAZAR 4.5 gm TDS - Inj METROGYL 100 ml TDS - Inj PAN 40 IV BD - Inj EMESET IV BD - Inj PARACIP SOS - T. AMLODIPIN 5 mg BD - T. IVABRADE 5 mg BD - Mobilization of Drain & Budecort - Spirometry 3rd hourly

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C-1, JANAK PURI, NEW DELHI - 110058

Progress Sheet
To be filled by Doctor

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Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY Dr (25439)

Patient Na ... ex : _____ UHID No. : _____

IP No. : ____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/2018	Critical care post op case of inguinal Hernia and intestinal perforation Repair	
	BP-130/80 mm PR - 82/m RR - 14/m T - 98.2°F CVS-B/L air entry (+) CVS - S1S2 (+) CNS - Conscious PA - Soft	Hb - 11.8 gm/dl TLC - 8950 Blurea - 51 Serum - 0.91 Na - 148.1
	IV FLUID TO 60mL/HR Dsumane DMC 34690	Adv - Physiotherapy - incentive spirometry 8 hrly - steam inhalation TDS - Mobilization - sips of water - Monitor vitals Dr. Jitin ... Hospital C-1, Janak Puri, New Delhi-58

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/18	physio (M) (10:00am) ambulate c̄ support c̄ O2 support) + DBE	M Rajaretti
25/6/18	physio (E) chest physio cont'd	M Rajaretti

Progress Sheet

To be filled by Doctor

CR NO : 818544 IP NO 145190
Name : Mr./HARI RAM/83/Yrs/MALE
Panel : RAKSHA TPA gipsa
Room/Ward : G 30-11 ICCU WARD GROUND FLOOR
DOA/TOA : 19/06/2018 7.39 AM PRIVATE
Unit/Cons : GSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DM (25439)

Patient Name : ___ UHID No. : _____

IP No. : _____ D. O. A. : _____ Unit : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
25/6/18 5:00 PM	C/S/B GSR GC - Stable PR - 92/min BP - 120/70 mmHg RS - BAE (+) CVS - S1 S2 (+) P/A - Soft BS (+) Flatus passed. Drain - Both minimal ~~Ryle's tube~~ - Input - 2600 ml Output - 820 ml	-II Adv - CST Inform SOS Dr Hitender DMR GY

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
5.15 PM 25/6/18	Pallor Abdsoft passing flatus Comfortable. Cx & PAnew Chest physi review.	Rx Liq ~~[illegible]~~ diet. Infusion same/hr. Adv MVI 1 amp in drip (Sd)
25/6/18 6.10 pm	Pulmonology Thanks for referral. Case Hx. noted. Course during the hospitalization noted. O/E:- GC sick Afebrile. Chest:- B/L basal crepts (+) SpO_2 = 85% (on room air) 92% (on O_2 @ 2 l/min)	Adv (1) Keep propped up. (2) Maintain SpO_2 >92%. (3) Incentive Spirometry - 3rd hly (4) ABG - c/R (5) CXR - PA view DR. C. PANJABI DMC - 5575

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ISO 9001:2008 CERTIFIED

210 Bedded Multispeciality Hospital

Email: info@mcdh.in, Website: www.mcdh.in

4

General OPD

Reg No	: 813303 SV No.: 1521646389	Date	: 15/06/2018 8.58 AM
Patient Name	: Mr. HARI RAM	Age / Sex	: 83 Years 17 Days / Male
Panel/Ref By	: Hospital	Department	: G.SURGERY
Remarks	:	Unit	: GSR-2
Mobile No.	: 8979690808 Token No. : 9	Unit Dr.	DR.VIMAL KUMAR JAIN (DMC 8198),DR. SHALIT JOLLY DMC (25439)
Days	: TUE & FRI Room No. : 623		

Initial Assessment & Plan of Care

Clinical Notes:

Renew PAC

Past History:

Drug/Food allergy No

Examination(General & Systemic)

B.P. 150/90 **Pulse** **Temp.** N

Investigations

Nutritional Screening

Wt.(Kg) 71 Kg Ht.(cm)/Head Circum. 168 cm BMI 25

Nutritional History: Normal/Over Weight/Obese/Thin/Cachetic

Provisional Diagnosis

B/L Ing. Hernia

Treatment

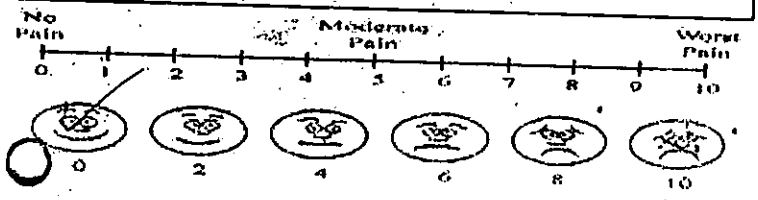
ADMIT U SII
19/6/18 at 7 am

Time :

Follow Up/Next Visit On :

Diet & Precautions

Pain assessment:



Psychological History: Normal/Anxious/Depressed

Psychosocial: Nil/Smoking/Tobacco/Alcohol(Social/Excess)

Functional: Independent/Need Assistance/Dependent

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

NABL ACCREDITED M-0375

INITIAL ASSESSMENT FORM

of Patient	R NO.	: 818544 IP NO. : 145190	Sex :
	ame	: Mr./HARI RAM/83/Yrs/MALE	
	anel	: RAKSHA TPA	
	oom/Ward	: S243 -01 PRIVATE WARD SECOND FLOOR	/ard/ Bed No.
	OA/TOA	: 19/06/2018 7.39 AM PRIVATE	
of Admission :	Init/Cons	: GSR-2	n
	dmiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)	rival in ward

enting Complaints:- 83 year old Male Pt c/c Pain and Swelling b/L inguinal region

ry of Present Illness

NO H/O Fever / Vomiting

History K/C/O HT N/ BPH

Sx H/O Lap Chole ↓ GA ↓ 8 year back

ily History Not significant

onal / Occupational History –

etrics and Menstrual History Not significant

unization History / Birth History (for paediatric patients) –

g allergies Not known

General Physical Examination

Level of consciousness Pt Consious/Oriented

Pulse: 80/m BP: RR: 18/m Weight:

Temperature: Afebrile Lymph nodes: —

HEENT:

Pallor — Cyanosis: — Icterus: — Pedal oedema — JVP:

Any other findings:

Systemic Examination:

Chest: b/L A E (+)

CVS: NAD

PIA: Soft

CNS: NAD

(GCS)

Provisional Clinical Diagnosis

b/L Inguinal Hernia.

Investigations Ordered

Signature

Consultant's Name: Dr. Rachit DMC No. DMC 17292

Date: Time 7:40Am 4th Jun 19, 18

lan :

tive Care : N.P.O

Chandra Prakash. infus

e Care :- · NPO

· inj Monocef 1gm IV stat (ATD)

· ~~inj Pan 40mg IV BD~~

· inj Rantac 50mg IV stat

· inj Perinorm 10mg IV stat

Dr. Tech

itative Care :- NA

Desired Result :- To relieve symptoms.

ure

tant's Name: DMC No. :

Time

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NABH

MATA CHANAN
ISO 9001
C-1, JANAK PURI
Ph. : 011-45582000, Emergency: 0

PROGRESS

CR NO.	: 818544 IP NO. : 145190
Name	: Mr./HARI RAM/83/Yrs/MALE
Panel	: RAKSHA TP
Room/Ward	: S243 -01 PRIVATE WARD SECOND FLOOR
DOA/TOA	: 19/06/2018 7.39 AM PRIVATE
Unit/Cons	: GSR-2
Admiting Doctor	: Dr.VIMAL KUMAR JAIN (DMC 8198).Dr.SHALIT JOLLY DMC (25439)

UHID No. .....

19/6/18
9:30 pm

CSR II

C/O B/L Dependent swelling.

K/C/O HTN & BPH on T/t
H/O Vasectomy in 1971.
H/O Lap cholecystectomy in 4 yrs ago.

Adv

- MPO
- Inj. Monocef 1 gm IV stat (PT)
- Inj PAN 40 IV stat
- Pre-op preparation
- Informed consent
- Send in OT on call.

19/6/18
9 am

CVS - NAD
RS - AE B/L
CNS - NAD
PA - soft
BP - 120/80
PR - 86/min
RR - 18/min
CVS - NAD
RS - AE B/L
CNS - conscious / rational
PA - soft

MOBH / IPD / Progress Notes form / F-53 / Ver-1 / Oct.-11

Name : Hari Ram
I.P. No.: 145190
UHID No. 818544

PROGRESS REPORT

19/6/18
8:30 pm

Lung. 2

CC = Vac
PR = 104/min
BP = 150/80
afebrile

Conscious
P/A = tense
tenderness ⊕
generalized
BS - ~~abs~~ ⊖

Foley's catheter put
U/O ≈ 200 ml
clear
Amber colored

RT inserted → NO aspirate

on O_2 @ 4 lit/hr
SPO_2 = 100%

c/o pain abd & distension
not passing flatus

USG W/A :- Significant generous Bowel distention ⊕

XRay abd < E/S → No gas & diaphragm
→ No air fluid level
→ WNL.

Adv:

→ Restrict IV fluid to 80 ml/hr

→ Inj lasix 20 mg - IV stat

→ NPO.

→ I/O charting strictly

→ WA strictly, Inform Sr

→ Inj Voveran 1M stat gim

→ Inj Paracip 1000mg - IV stat

[illegible]

~~Anesthesia Note~~

RI & USG WA

Significant gaseous bowel distension

Lun (N)

AB not seen (H/O pus)

Pam PRP ok

RK | (N)

UC |

UB empty

Anesthesia Note

19/06/18
7:00 PM.

83 year / M.

O/C/O: (B/C) hernioplasty & SAB

C/O: Pain in abdomen

Gaseous distension of Abdomen

O/E

VAS: 8/10

PR: 110/min.

BP: 146/80 mmHg

RR: 40/min

RS AEBE, clear

CVS: S1S2 (N)

NO murmur

CNS: NAD

Advice

- Surgery Reference given
- → Usg Abdomen / Xray Abdomen given
- → Tab PCM 1gm iv stat given.
- all PR vitals

Dr. Purnima

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Name Hari Ram
I.P. No.: 145190
UHID No. 818594

PROGRESS REPORT

20/06/18
8:30 am

Anesthesia Note

Hemodynamically stable

O/E — c/o: pain in abdomen.

PR: 117/min
BP: 149/70 mmHg
RR: 26/min
SpO2 97% on air
RS AEBE, clear
CVS] NAD
CNS]

Advice
— Inj. Dynapar 75 mg IV in NS stat
— ae/PR vitals

Dr. Jyoti
Junior Resident

MCDH / IPD / Progress Notes form / F-53 / Ver-1 / Oct.-11

5/6/18

CPR-II

Pt. is SICK
Afebrile
Pulse - 100/m
BP. 150/90
RS. BAE (+)
CVS - S1S2 (+)
P/A - soft, BS - sluggish
Fluids not permitted.

Adv - NPO

Sr. electrolyte
- Inj MONOCEF 1 gm IV BD
- Inj PAN 40 IV BD
Sr. Cr^{nt}
- Inj EMSET IV BD
- Inj DYNAPAR IV TDS
E&C.
- I.V.F RL / DNS @ 80 ml/hr.
- W/F/U
- I/O charting.

Dr. [illegible]
Cardiologist

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Name : Hari Ram
I.P. No.: 17590
UHID No. 018544

PROGRESS REPORT

11 AM
20/6/18

Abd distention ++
BS absent.
P 120/min.
U/S WA - (N) Chest clear.
Xray abd - (N)

Adv
CBC, KFT

UOP - 900ml/since operation.
Intake - 600ml

IV fluids.
100ml/hr -
Inj. KCl 1amp in the drip.
slowly IV infusion in the running D.

Na+ 138.2
K+ 5.0
Cl- 8.1

- Physician ref.

S/D Surg II

4:30 pm

c/o pain x 1d

P/A - Mild tend (+)
Mild dist (+)
BS ↓

LE + B/L wd on (healthy)
No cord edema

Urethral urine (+)
NPO
(S7)

Urea - 41
Cr - 1.32
Na - 138
K - 5.0
TLC - 13700

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Name : Hari Ram
I.P. No.: 14580
UHID No. 818547

PROGRESS REPORT

20/6/18 Patient is post op case of Inguinal Hernia repair
G1
GC - fair
afebrile
Conscious, oriented
c/o: Pain per abdomen c̄ perspiration.

Adv: - ECG done
- inj Ranitidine 50mg IV

ECG :- similar to pre-operative ECG.
- Head up position
- 100% O_2 at 5L
- Monitor vitals
- Inj Zofem 50mg.

Dr. [illegible] 18731 & Dr. [illegible] CRM

11/6/18
9 AM

Med 3

Thanks for the Reference.

Low for Tachycardia Since yesterday
Patient is operated for B/L
Inguinal Hernia.
Day 2.

Previous ECG on PAC - RBBB
LAD (+)

No Previous Cardiac H/O.

Afebrile
Conscious

PR 120 B/m
BP 150/80 mmHg
Spo2 95% on R.A.

Chest - Clear, B/L AE (-)

ECG - Atrial fibrillation
2016 (Irregular Heart Rate)
HR 130 B/m.
RBBB
LAD.

Adv:-
- Repeat ECG today
- Ionized Ca^{++}, Mg^{2+}

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Ph. : 011-45582000, Emergency: 011-45582050, Blood Bank: 011-45582193

Name : Hari Ram
I.P. No.: 14590
UHID No. 018544

PROGRESS REPORT

21/6/18
(M) 9:30 AM

ESR II

Gen. Soc
Afebrile
Pulse - 110/m
BP - 100/90
RS - BAE (+)
CVS - S1S2 (+)
P/A - soft, BS - Distention (+)

Input - 2900 ml output - 2350 ml.
(in 24 hrs)

Adv
Cardiologist Reference

Adv
- NPO
- Inj MONOCEF 1gm IV BD
- Inj PAN 40 IV BD
- Inj EMSET IV BD
- Inj DYNAPAR IV TDS
- IVF RL / DNS (2) 10 ml/hr
Dubolac supp. (2) stat

KOT
- CBC

BD

- Chest physiotherapy
Mobilization

Dr. Chandra

21/6/18 physio (N) (11:00 am)
CMAC physiotherapy
M Injaldn

16/18
9:00 PM

CSR-II

C/C - sick
Afebrile
Pulse - 125/m
BP. 140/90

TCL - 14,860

Adv
- Inj TAZAR 4.5 gm IV TDS
- Inj METROGYL 100ml TDS
- Stop MONOCEF

Clinical Tutor

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0, Emergency: 011-45582050, Blood Bank: 011-45582193

Name : Hari Ram

I.P. No.: 145190

UHID No. 618544

PROGRESS REPORT

21/6 Cont

H/o TB

Insulin Cover - Micro Progesterone

Pre/post Eh Liver Cy

Eh RBTBs

Bp 150/90

CN Nil.

Dr. P. Amodha Sr Rs

& D Nada Sr Rs

2D-echo doppler Screening

Sinus tachycardia

Drugs

WBC-75

Raised pressure (+)

Exam Pthw

OBG

MCDH / IPD / Progress Notes form / F-53 / Ver-1 / Oct.-11

24/6 Physio Rx

contd c̄ ambulation c̄ support

Dr Shrinjay Sanyal
(physio)

21/6/18
2:30 PM

CESR-II

Adv
CECT W/A c̄ i.v contrast
without oral.

S. Urea - 57
S. Creatinine - 1.22

Chandrapalli
6/18

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Name : Hari Ram
I.P. No.: 145190
UHID No. 018544

PROGRESS REPORT

16/18
5:40 PM

High Risk Consent

हमें डॉक्टर ने बताया है कि हमारे मरीज के आँतों में रुकावट है जिसके लिए ऑपरेशन की जरूरत है। इस ऑपरेशन में निम्नलिखित Procedure की जरूरत हो सकती है - Pain, Bleeding, Infection Resection Anastomosis, Ileostomy, Hemicolectomy ऑपरेशन के दौरान या बाद में जान को खतरा हो सकता है, I.C.U में Admission की जरूरत हो सकती है Ventilator के सहायता की जरूरत हो सकती है।

ये सब जानते हुए भी हम अपने मरीज के ऑपरेशन के लिए तैयार है।

Sd
(Siyanand Tanwar)
SUN.
21-06-2018

Pre Note

Adv - CBT
C/m
- CBC.
- KFT
- LFT
- Urine R/E C/S
- Repeat ECG.

Pt. received from Pash OPD. for B/L inguinal hernia

BP = 140/80 mm of Hg.
Pulse = 76/min
RR - 22/min.
SpO_2 = 96%.
pt. conscious oriented
c GCS = 15/15

Dr. Prajanya Prasoon
Resident Medical Officer
DMC Regn. No. 65325
Mata Chanan Devi Hospital
C-1, Janak Puri, New Delhi-58

22/6 Physio

Contd c chest physio.

Sling
Deep breathing exercises
(Phase)

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To be filled by Doctor

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Unit/Cons : GSR-2
Admitting Doctor : Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DM (25439)

Sex : _____ UHID No. : _____

IP No. : ____

DATE & TIME	FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6/18 10-40 pm	C/S/B Dr Sumone	
K 3.1		Rx Add 1 amp KCl in any vol of N/2 send S.mg ↓ T. AMLODEPINE to 5mg OD (Na, K) 4 pm High pto Dr Sumone DMC 34690

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
20/6/13	Pulmonology	
	c/o Inguinal Hernia c̄ Expl. laparotomy Δ HTN / BPH	
	O/E GC sick BP. 120/80 PR 85/min SpO2 - 94% on O2 support	
	Chest BIL crepts (+)	
	Advs 1. monitor vitals 2. c̄ chest physiotherapy x BID. 3. - Keep Saturation >92% 4. - intensive spirometry x 3 hrly	
	(Dr. C. PANJABI DMC - 5561)	20/6/13

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Progress Sheet

To be filled by Doctor

Patient Name : _____ Age / Sex : _____ UHID No. : _____

IP No. : _____ D. O. A. : _____ Unit : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
26/6	Physio Rx cured c̄ Chest infection b̄ p̄ d̄ positions.	Dr Shivi Sanjuni Dr Shivi Physio

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
16/18	CSR-II	
	CC. Stable	
	Afebrile	
	Pulse - 90/m Sp.O2 - 91% ~ O2	
	BP - 120/80	
	RS - BAE (+)	
	CVS - S1 S2 (+)	
	P/A - soft, BS (+), Motion passed	
	Adv	
	- soft diet	
	- Nebulization with Duolin BD	
	- " with Budecort TDS	
	- Rest CST	
	Dr Chakraborty (SSD)	

MATA CHANAN DEVI HOSPITAL

Progress Sheet
To be filled by Doctor

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Unit/Cons : GSR-2
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NANAK PURI, NEW DELHI - 110058
IP NO. : 145190

Patient Name _____ UHID No. : _____

IP No. : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27/6/18 9:00 AM	GSR-II GC - Stable Afebrile P - 94/min RS - BAE (+) Chest S1S2 (+) P/A - Soft, BS (+)	BP - 120/80 mmHg SpO2 - 87%. Adv Soft diet. C.S.T. Inform SDS. - Chest Physician Refer - monitor vitals - SPO2 charting every 4th hrly. - O2 by mask if SPO2 < 85 - Nebulization T duolin BD Budecort TDS. Dr HITENDER AMB SA

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27/6	Physio Rx covid c̄ chest physio	1. Sig
11:45AM 27/6/18.	Chest Physio ref not maintaining O2 saturation without O2. Start O2 by nasal prong Stop IV fluids. Remove foley 6AM tomorrow Saturation 92% c̄ O2	
Electrolyte		

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Progress Sheet

To be filled by Doctor

Patient Name : _____ Age / Sex : _____ UHID No. : _____

IP No. : _____ D. O. A. : _____ Unit : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27/6	physio (6) (2:40 pm) Chest	physio M Physician
27/6	S/B Grade II SpO2 - 93% c̄ O2 Ah Chest Rales - +	- Salt Diet - CST

MCDH / IPD / Progress Notes form / F-53 / Ver-2 / jun-18

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
27-6-18 6 pm	Pulmonology	
	- GC weak - Afebrile - SaO_2 / 82% (on room air) \ 94% (on O_2) - Chest:- B/L crepts (+) (at bases) - Having shallow respirations - Experiencing pain on deep breathing	Adv (1) Keep propped up (2) Maintain SaO_2 > 92% (3) Adequate analgesia (so that patient is able to have deep breaths) (4) PFT — c/m (5) Tab- Nucoxia — 600mg BD (6) CXR — PA view c/m
	Refresher graded	

Chandrani
(DR. C. PANDJABI)
DMC - 5565

MATA CHANAN DEVI HOSPITAL

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Progress Sheet

To be filled by Doctor

Patient Name : _____ Age / Sex : _____ UHID No. : _____

IP No. : _____ D. O. A. : _____ Unit : _____

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
28/6/18 9:30AM	CSR-II Afebrile Pulse - 82/min. SpO2 c̄ Nasal prong - 89% BP - 180/80 mm Hg. RS - BAE (+) CVS - S1S2 (+) P/A - Soft, BS (+)	Na+ : 145 K+ - 3.0
	Adv	- Soft diet - Inj TAZAR 4.5 gm IV TDS - Inj IAN 40 IV BD - Inj EMSET IV BD - Tab AMLODIPIN 5mg BD - Tab IVABNODE 5mg BD - Nebulization c̄ Duolin BD c̄ Budecort TDS - Spiromotiv 3rd hourly. - Tab ~~Alma~~ Voveran ~~50mg~~ D BD - CST

DATE & TIME	CLINICAL FINDINGS & OBSERVATION (IN LEGIBLE WRITTING)	INVESTIGATION & TREATMENT (IN CAPITAL)
28/6/18	physio (M) (10:00 am) chest physio could not perform	
28/6/18 1:30 pm	Pulmonology	
	GC weak Afebrile No respir. worsening Chest:- B/L crepts + SaO2 80% (on room air) 90% (on low flow O2)	Adv- (1) Keep propped up. (2) O2 inhal to continue (arrange home oxygen) Chandrakant (Dr. C. PANJABI) DMC - 55W

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PAC

Name: Mr. HARI RAM Age: 83 y Sex: (M) F UHID No.: 813303

PAC Done by Dr. Vaishali Date: 1/6/18

History from: ☑ Patient ☑ Parent/Guardian Son ☐ Language Barrier ☐ Medical Records

Religion
Occupation

Heigth cms / in
Weight 71 kgs

SURGICAL DIAGNOSIS: B/L Inguinal herniaplasty

PROPOSED SURGERY: Elective / Emergency

ALERTS:
1. Allergies : Not known.
2. HIV/ HBsAg:
3.
4.

PREVIOUS ANESTHESIA / SURGERY / EVENTS : Yes / No (if yes, Details)
Lap Cholecystectomy 1 C.A. 8 yrs ago (U/E)

CURRENT MEDICATION (S): No long-term medications.

AIRWAY ☐ MP 1 ☐ MP 2 ☑ MP 3 ☐ MP 4
☑ T-M distance= / Adequate
☑ M-O distance=
Neck ROM: Full/ Limited/None
☐ Morbid obesity
☐ Hx difficult airway
☐ Teeth poor repair/loose
☑ Micognathia
☐ Edentulous
☐ Facial hair
☐ Short muscular neck
☐ Prominent incisors

GENERAL PHYSICAL EXAMINATION : Good / Fair / Sick / Toxic / Conscious / Drowsy / Unconscious
Pulse Rate : 80/min Blood Pressure: 180/180 mmHg JVP: Edema: Pupils:
Temperature A/F Pallor : Cyanosis: Jaundice:

WNL	RESPIRATORY		EXAMINATION FINDINGS & COMMENTS
Asthma	Recurrent tonsillitis	Pleural effusion	Pulmonary Examination:
Bronchiolitis	Productive cough	Sinusitis / Rhinitis	B/L - A/E (+)
COPD	Recent URI	Environ. Allergies	
Emphysema	TB	Dyspnea	Smoking / Tobacco: (Ex - smoker)
Bronchitis	Pneumonia	Sleep Apnea	
Respiratory failure	Recurrent OM	Orthopnea	

WNL	CARDIOVASCULAR		Cardiovascular Examination:
Hypertension	Myocardial Infarction	Abnormal ECG	S1S2 (+)
Rheumatic fever	CHF DOE PND	Cardiomyopathy	
RAD	PVD	Hypovolemia	
Angina	Exercise Tolerance	Pacemaker	
Stable / Unstable	METs: >4 <4	AICD	NYHA: I / II / III / IV
Murmur	Endocarditis	Aneurysm	
Valvular Dz / MVP			

WNL	HEPATO/GASTROINTESTINAL		Abdominal examination:
Cirrhosis	Bowel obstruction	Pancreatitis	NAD
Jaundice	Hiatal hernia	Gallbladder Dz	
Hepatitis	Worms	Diverticulum	
Hepatitis	Bleeding P/R	Diarrhea	Alcohol: No / Yes
	Gastric Reflux		

? Rectal prolapse
B/L Inguinal hernia

WNL	NEURO/MUSCULOSKELETAL		Neuro-muscular examination:
Stroke	Headaches	Paralysis	NAD
Epilepsy	CVA/TIA	Muscle weakness	
Myasthenia	LOC / Unconscious	Paresthesia	
Arthritis / RA / Gout	Head injury	Psychiatric Dz	
Muscle Problems	Seizures		
Myopathy			
Fibromyalgia			

WNL	RENAL / ENDOCRINE		Spine Examination:
Nephritis	Renal stones	Thyroid Dz	
BPH/CA	Renal insufficiency	Pituitary disorder	
Prostatitis	Adreno-cortical insuff.	Diabetes mellitus	
Prostate tumor			

OTHERS

Weight loss/gain	Sickle Cell Dz / Trait	HIV / AIDS
Peripheral edema	Immunosuppressed	Cancer
Radiation Tx	Chemotherapy	Steroid use
Menstrual history	Family history of anesthesia problem: Yes / No	
Pregnant	LMP :	

DIAGNOSTIC STUDIES

- ☐ ECG: LAD, RBBB
- ☐ X-ray chest: Cardiomegaly LVL
- ☐ Pulmonary function tests
- ☐ ABG analysis:
- ☐ Special investigations: ECHO/TMT/Cardiac Cath
- ☐ Others:

10/06/18 → Dobutamine stress echo → Negative for ischemia

(30/5/18) → Negative for ischemia

2D Echo: Sclerotic AV c̄ mild AR
trace MR
Gr. I DD
(N) LV systolic function
c̄ LVEF ~60%

09/06/18 Physician Ref

→ T. Telma-H (40/12.5) 1-0-0 (2 weeks)

5/06/18 O/E PR 120/min, BP 180 mmHg

LABORATORY STUDIES

30/05/18

- ☐ Hemoglobin 15.5
- ☐ TLC/DLC 6810
- ☐ ESR 69/30/4/2
- ☐ Platelet
- ☐ MCV 2.0
- ☐ PCV
- ☐ BT CT
- ☐ **Blood Sugar**
  - ☐ Fasting
  - ☐ PP
  - ☐ Random 103
- ☐ Blood Urea 24
- ☐ Serum Creatinine 0.97
- ☐ **Serum Electrolytes**
  - Na 143
  - K 4.8
  - Cal
  - Mag
- ☐ Blood Group
- ☐ **Urine Examination:**
  - Routine
  - Microscopic
  - Pregnancy
  - Ketones
- ☐ Thyroid Profile
- ☐ **Liver Function Tests**
  - ☐ Serum Bilirubin 0.9
  - ☐ Total Direct
  - ☐ Indirect
  - ☐ SGOT 28
  - ☐ SGPT 27
  - ☐ SAP 135
  - ☐ Serum Proteins 7.37
  - ☐ Total Direct
  - ☐ Albumin 3.93
  - ☐ Globulin
- ☐ **Coagulation Profile**
  - ☐ BT
  - ☐ CT
  - ☐ INR 1.09
  - ☐ PT 14.0/13.0
  - ☐ PTT K 30.0/28.8

HIV
HbsAg
Anti-HCV
N.R.

Cardiology ref. in v/o ECG changes of low MET.

PHYSICAL STATUS: P.S.A 1 2 3 4 5 6 E

Adv.: ~~Physician consult in v/o hd BP~~

Patient accepted for anaesthesia: Yes / No

Plan of action for optimizing the patient:

To be reviewed after optimisation.

PLANNED ANAESTHESIA TECHNIQUE

- ☐ GA
- ☐ MAC
- ☐ Regional
- ☐ Epidural
- ☐ SAB
- ☐ CSE
- ☐ Nerve Blocks

PREMEDICATIONS & INSTRUCTIONS

Nil orally after: am / pm
Last feed at: am / pm
Arrange blood:
No of Units:
Written informed consent / High risk consent
Repeat investigations:
Medication to be taken:

→ Take morning dose of T. Amlodipine 5mg on day of surgery with sips of water

Premedication:
Tab/Syp _____ of _____ am / pm
Inj _____ of _____ am / pm

Inj Ranitidine: 50mg IV 30 mins → Keep NPO @ 6 hrs prior to surgery
Inj Pegimom 10mg IV before St

(NB : Artificial dentures, hearing aids, contact lenses, jewellery, lipstick, nail polish and make up to be removed)

→ Pt is provisionally fit for surgery.

Sign:
Name of Anaesthesiologist: Dr. Inspahat DOB: 31/5/90
Designation: Anesthesiologist
DMC No.: 49 Diploma in Anesthesiology

II nd. 07 Nov.

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NABL ACCREDITED M-0375

OPERATION NOTES

Mata Chanan Devi Hospital C-1, Janak Puri, New Delhi-58

Name of Patient : Mr. Hari Ram Age/Sex : UHID No.:

IP No. : 145190 Date : 21/6/18 Time : 8:00 p.m.

Clinical Diagnosis : Abdominal perforation ? volvulus ?

Diagnosis on Operation : volvulus of ileum c̄ Ileal perforation.

Operation : Exploratory laparotomy + Resection and Anastomosis.

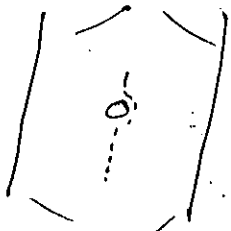
Surgeon : Dr. Vimal Jain, Dr S. Jolly Assistants : Dr. Nitish, Dr. Chandra Prakash

Anaesthetist : Dr. Chandrashekhar Assistant :

Nurse : 1 Types of Anaesthesis : G.A.

Operation Started : 6:15 pm. Operation Finished : 7:45 pm

Notes :
- Patient was given G.A.
- Then in lithotomy pos, part painted & draped.
- Lower midline incision given, abd. opened
→ on opening abd, there was ~~free~~ feculent free fluid ≈ 200 ml. abd. cavity washed c̄ warm saline
- there was small twisted, ileal loop (volvulus) c̄ gangrenous perforation involving a segment of around 4 inches.
→ cavity washed c̄ warmed normal saline.
→ mopped dry
→ Resection & Anastomosis of affected segment done Silk 3-0 in two layers.



Signature Consultant

FOR HOSPITAL ONLY
→ Cavity again washed c̄ NS
→ (R) paracolic drain & (L) pelvic drain inserted & fixed
→ wound closed in layers
→ Dressing done

MCDH / Operation Theater / Operation notes / F-74 / VER-1 / OCT-11

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Post opr Adv

- NPO till further order
- Inj° Tazar 4.5 gm IV TDS.
- Inj Metrogyl 100 ml — IV TDS
- Inj° Pan 40 — IV BD.
- Inj Emset — 4 mg — IV BD,
- Inj° Tramadol — 1 amp — IV BD.
- Inj Oflox — 200 mg — IV BD.
- Inj Paracip 100 ml — IV TDS
- → IVF RL/DNS @ 100 ml/hr
- → I/O charting strictly
- → T/P/R charting every hrly
  CPOL, BP.
- → Transfuse 2 ⊙ FFP today
  ~~2 ⊙ FFP tomorrow.~~
- ~~→~~ I Inform SOS,

RBS
- CBC
- KFT

Cm

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① I^st OT Notes.

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OPERATION NOTES

Name of Patient : Mr. HARI RAM Age/Sex : 89/male UHID No.:

IP No. : 145190 Date : 18/6/18 Time : 3:20 pm

Clinical Diagnosis : B/L Inguinal Hernia.

Diagnosis on Operation :

Operation : B/L Inguinal Herniopleasty with Mesh repair

Surgeon : Dr Vimal Jain Assistants : Dr Mohit
Dr S. Jolly

Anaesthetist : Dr P. Mangmona et al Assistant :

Nurse : Sister Komal Types of Anaesthesis : SA

Operation Started : 1:30 pm Operation Finished : 2:30 PM

Premilene® Mesh DIM 10cm x 15cm REF 1064495 LOT 115255 B|BRAUN 2020-06
(01)04045439035328
(17)200619(10)115255

Premilene® Mesh DIM 7.5cm x 15cm REF 1064425 LOT 117312 B|BRAUN 2022-08-01
(01)04045439035311
(17)220801(10)117312

Notes : Pt given SA. Put in supine position. Parts painted & draped. Incision given along Rt Inguinal ligament. Ext. oblique incised. Cord structure identified & separated. A large hernia with sac identified. Hernia reduced. Posterior layer repaired ~~with~~ & reinforced with ~~Ethilon~~ vicryl. Polypropylene mesh sutured with pubic tubercle, Inguinal ligament & conjoint tendon superiorly with Prolene 1-0. Ext. oblique resutured with vicryl 2-0. Testis & cord repositioned in scrotum. Skin closure done with Ethilon 2-0. Same procedure done on left side and Polypropylene mesh used. Cleaning & dressing done. Pt shifted to post op ward in stable condition.

Signature Consultant

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Post op adv –

- NPO till 6 PM then clear liquids
- No Pillow for 24 hrs.
- Inj MONOCEF 1 gm IV BD
- Inj PAN 40 IV OD
- Inj EMSET IV BD
- Inj DONAPAR IV BD

IV F RL / DNS @ 100 ml / hour

Name of Anaesthesiologist

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MEDICINE CHART

Patient's Name: HARI RAM Sex: M Age: 83 yrs IP No.: 145190
UHID No. 818544 DOA: 19/6/18 Dr's Name: GSR-2
Diagnosis: B/L Inguinal Hernia Ward: POP Bed No. 3

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date ..... Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date ..... Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D1	1)	ATD INJ. TAZAR	4.5 gm	IV	Thric								
D1	2)	INJ. METROGYL	100 ml	IV	Thric		Shelpa 3pm						
	3)	INJ. PAN	40 mg	IV	OD								
	4)	INJ. EMESET	4 mg	IV	BD		Shelpa 7am						
	5	IN DRIP INJ. DYNAPAR	75 mg	IV	Thric		Shelpa 8am		2	10			
	6	Inj. RANTAC	50 mg	IV	BD		Shelpa 7am		7pm				
	6	T. AMLODEPINE	5 mg	P/O									
	7	T. INNODE	5 mg	P/O	BD								

Name of Doctor : .....
Signature of Doctor : .....

Name of Nursing Staff : .....
Signature of Nursing Staff : .....

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

Pt RID by OT [illegible] at 3.30 pm

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MEDICINE CHART

NABL ACCREDITED M-0375

Patient's Name: Mr. Hori Ram Sex: M Age: 63 IP No.: 145190

UHID No.: 81544 DOA: 19/6/18 Dr's Name: GSR-2

Diagnosis: Inguinal Hernia Ward: NM Bed No.: 321

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date 19/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date 20/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
19	1.	INJ. MONOCEF (OTO)	1 gm	IV	~~Stat~~ 6	Suman 9:30		Sou 10pm		Sou 8am		8pm	
	2.	INJ. RANTAC	50 mg	IV	Stat	Suman 9:30							
	3.	INJ. PERINORM	10 mg	IN	Stat	Suman 9:30							
		(IV DRIP)											
		Inj Dynapar	amp	IV	TID	6pm Sou				Sou 7am			
		Inj Pan	40 mg	IV	OD	6pm Sou				Sou 7am			
		Inj Emset	1 amp	IV	BD		Sou 10pm			Sou 7am			
		INJ- Laxis	2 ml	IV	Stat					Nursing 9:30 pm			

Drug / Drug - Drug Interaction

(Given by doctor)

Doctor: [illegible] 06290

Sign of Doctor:

Name of Nursing Incharge: Sumanpreet

Signature of Nursing Incharge:

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

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MEDICINE CHART

Patient's Name: Mr. HARI RAM Sex: M Age: 83 IP No. 145190
UHID No. 818544 DOA: 19/6/18 Dr's Name: GSR-2
Diagnosis: Inguinal Hernia Ward: PoP Bed No. 3

Start Date	S. No.	Medicines	Dose	Route	Freq.	Date 20/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time	Date 21/6/18 Given by/ Time	Given by/ Time	Given by/ Time	Given by/ Time
D2	1	INJ - MONOCEF	1 gm	IV	BD	Shilpa 8am		Shilpa 8pm			8am		8pm 21/6/18
	2	INJ - PAN	40 mg	IV	OD	Shilpa 7am					7am		
	3	INJ - EMSET	1 amp	IV	BD	Shilpa 8am		7pm			7am		
	4	INJ - DYNAPAR	75 mg	IV	TDS	Shilpa 8am		10pm			7am		
	5	INJ - LASIX	2 ml	IV	Stat	Nesha 9:30AM					10AM		
		+ Amlodipin 5 mg											
		Tab. TVNODE 5mg			BD						Nesha 11am		
		Dulcolax Supp	2		Stat								

Name of Doctor: .....
Signature of Doctor: .....

Name of Nursing Staff: Nesha
Signature of Nursing Staff: .....

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

Signature of Nursing Incharge: .....

MCDH / IPD / Medicine Chart / F-50 / VER-1 / OCT-11

CHANAN DEVI HOSPITAL

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NAME..... CR NO. 818544 P NO. 148190 Name Mr.HARI RAM/83/Yrs/MALE
Panel RAKSHA TPA AC
Room/Ward C 30-11 ICCU WARD GROUND FLOOR
CONSULTAN DOA/TOA 18/06/2018 7 39 AM PRIVATE
Unit/Cons CSR-2
DIAGNOSIS .. Admitting Doctor Dr.VIMAL KUMAR JAIN (DMC 8198),Dr.SHALIT JOLLY DMC (25439)

..... I.P. NO. ..... DATE 21/6/18 BLOOD GP:- AB +ve
..Ht..... DOA TO ICU 21/6/18 DAY IN ICCU D1 ALLERGIES:-
/ / PROCEDURE .....

STAFF Assigned

Medication	Frequency	Dosage	Route	7	8	9	10	23	24	1	2	3	4	5	6	TOTAL
INJ. TAZAR	TDS	4.5gm	I/V					ch							ch	
INJ. METROGYL	TDS	100ml	I/V					ch							ch	
INJ. PAN TOP	BD	40mg	I/V													
INJ. NEOMIT	BD	4mg	I/V													
INJ. TRAMADOL	BD	1 amp	I/V						ch							
INJ. OFLOX	BD	200 ml	I/V					ch								
INJ. PARACIP	TDS	100ml	I/V						ch							
T. AMLODIPIN	BD	5mg	R/T													
T. TVNOD2	BD	5mg	R/T													

STAT ORDER
Pt rcd from OT at 8:30pm
on VBT during
Chandrasekhar

REFERENCE

INVESTIGATIONS PENDING/COLLECT

M :
E :
N : Chan

Diet
ORAL ☐
NGT ☐
TPN ☐
Rate :

Calories :

Protein :

INFUSIONS :- Drug	Concentration	Rate

I.V. Fluids RL/DNS @ 100 ml/hr

Blood Products :-

Special Instructions
- I/O charting strictly
- TPR charting (every hourly
- Chest physiotherapy BD
- mobilization

Previous Day	Intake	Output	Balance

Time	Event	Intervention

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse															76	78	82	96	96	100	104	102	102	101
B.P.															140/80	140/80	150/80	150/80	140/80	140/80	130/80	130/80	130/80	130/80
Temp															98.2	98.2	98.4	98.9	98.4	98.2	98.4	98.2	98.2	98.2
R.R															22	20	18	20	18	16	16	18	20	22
SPO_2															96	96	94	96	96	96	98	96	94	96
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tingling																								
Allergy/ Anaphylaxis																								
Others																								

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NAME: MR. HARI RAM AGE: 83Y WT: — I.P. NO. 145190 DATE 22/6/18 BLOOD GP:
CONSULTANTS: GSR-2 SEX: M Ht: — DOA TO ICU: 22/6/18 DAY IN ICCU: D2 ALLERGIES:
DIAGNOSIS: B/L INGUINAL HERNIA SURGERY / PROCEDURE: Exploratory laparotomy + Repair

STAFF Assigned:

Medication	Frequency	Dosage	Route	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	TOTAL
INJ TAZAR	6-2-10	4.5gm	I/V								✓																	
INJ. METROGYL	6-2-10	100ml	I/V								✓																	
INJ. PAN	7-7	40mg	I/V	✓																								
INJ ONSET	7-7	4mg	I/V	✓																								
INJ. TRAMADOL	10-10	1 ampl	I/V				✓																					
INJ OFLOX	10-10	200ml	I/V				✓																					
INJ. PARACIP	8-2-10	100ml	I/V		✓						✓																	
T. AMLODIPINE	(10-10)	5mg	NT																									
T. INNODE	(10-10)	5mg	NT																									
Steam inhalation		TDS																										

INFUSIONS :- Drug Concentration Rate

NEB c ADVOLIN		TDS			✓						✓																	
" c BUDECORT		BD			✓																							
INCENTIVE SPIROMETRY																												

STAT ORDER
# of 15
2 OFFP stat

REFERENCE (if any)
Cardio review

INVESTIGATIONS PENDING/COLLECT
CBC, LFT, ABG
CxR
UCR & LFT

M: Dr.
E:
N:
Diet
ORAL
NGT
TPN
Date:
Protein

I.V. Fluids: RL / DNS @ 100ml/hr
1 amp KCL in 1 vial of NS @ 100ml/hr
only one each infusion

Blood Products :- 2 O FFP transfused on 21/6/18

Special Instructions
- I/O charting (strictly)
- HPR charting
- Chest physio (BD) & mobilization
- Oral hygiene

Previous Day	Intake	Output	Balance
	1500ml + 2 O FFP	835ml	865ml

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse	101	102	101	101	104	107	107	108	103															
B.P.	120/80	120/80	120/80	120/80	120/80	120/80	120/80	110/80	110/90															
Temp	98.2	98.2	98.2	98.2	98.2	98.2	98.2	98.2	98.6															
R.R	23	23	23	23	20	23	24	24	26															
SPO_2	98	98	98	98	100	100	100	100	100															
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tiredness																								
Allergy/ Anaphylaxis																								
Others																								

Time	Event	Intervention

MATA CHANAN DEVI HOSPITAL

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NABL ACCREDITED M-6379

NAME ..... CR NO 818544 Mr.HARI RAM/83/Yrs/MALE
CONSULTANT ..... Room/Ward RAKSHA IPA
DIAGNOSIS ..... Unit/Cons C 30-11 ICCU WARD 19/06/2018 7:39 AM CSR-2
Admitting Doctor Dr VIMAL KUMAR JAIN (25439)

..... I.P. NO. ..... DATE 21/6/18 BLOOD GP: .....
..Ht..... DOA TO ICU 21/6/18 DAY IN ICCU D1 ALLERGIES: .....
/ / PROCEDURE .....

STAFF Assigned
M:
E:
N: Chan

Medication	Frequency	Dosage	Route	7	8	9	10	23	24	1	2	3	4	5	6	TOTAL
INJ. TAZAR	TDS	4.5gm	I/V					Ch							Ch	
INJ. METROGYL	TDS	100ml	I/V					Ch							Ch	
INJ. PAN TOP	BD	40mg	I/V													
INJ. NEOMIT	BD	4mg	I/V						Ch							
INJ. TRAMADOL	BD	1ampoule	I/V					Ch								
INJ. OFLOX.	BD	200mg	I/V						Ch							
INJ. PARACIP	TDS	100ml	I/V													
T. AMLODIPIN	BD	5mg	R/T													
T. JUNOD	BD	5mg	R/T													

STAT ORDER
Pt rfd from OT at 8:30pm
on ICU ventilator
C bundle
Ch

REFERENCE

INVESTIGATIONS PENDING/COLLECT

Diet
ORAL ☐
NGT ☐
TPN ☐
Rate: 12

Calories :

Protein :

INFUSIONS :- Drug Concentration Rate

I.V. Fluids RL/DNS @ 100 ml/hr

Blood Products :-

Special Instructions
- I/O charting strictly
- SIPA charting every hourly
- Chest physiotherapy BD
- Tracheostomy care

Previous Day	Intake	Output	Balance

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse															76	78	82	96	96	100	104	102	103	101
B.P.															140/80	140/80	150/80	150/80	140/80	140/80	130/80	130/80	130/80	130/80
Temp															98.2	98.2	98.4	98.2	98.4	98.2	98.4	98.2	98.2	98.2
R.R															22	20	18	20	18	16	16	18	20	22
SPO_2															96	96	94	96	96	96	98	96	94	96
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tingling																								
Allergy / Anaphylaxis																								
Others																								

Time	Event	Intervention

MCDH/Nursing/Critical care flow chart/F-69/ver-2/Feb-18

MCDH/Nursing/Critical care flow chart/F-69/ver-2/Feb-18

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NAME: MR. HARI RAM | AGE: 64 Y | WT: — | I.P. NO: 14590 | DATE: 22/6/18 | BLOOD GP:
CONSULTANTS: GSR-2 | SEX: M | Ht: — | DOA TO ICU: 22/6/18 | DAY IN ICCU: D2 | ALLERGIES:
DIAGNOSIS: B/L INGUINAL HERNIA | SURGERY / PROCEDURE: Exploratory laparotomy + Bronchoscopy

Medication	Frequency	Dosage	Route	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	TOTAL
D3 INJ TAZAR	6-2-10	4.5gm	I/V																									
D2 INJ. METROGYL	6-2-10	100ml	I/V																									
INJ. PAN	7-7	40mg	I/V																									
INJ. EMSET	7-7	4mg	I/V																									
INJ. TRAMADOL	10-10	1 amp	I/V																									
D2 INJ. OFLOX	10-10	200mg	I/V																									
INJ. PARACIP	8-2-10	100ml	I/V																									
T. AMLODIPINE	(10-10)	5mg	NT																									
T. IVNODE	(10-10)	5mg	NT																									
Steam inhalation	TDS																											

INFUSIONS :- Drug | Concentration | Rate

NEB E DUOLIN TDS
E BUDECORT BD

INCENTIVE SPIROMETRY

I.V. Fluids: RL / DNS @ 100ml/hr
1 amp KCL in 1 vial of NS @ 100ml/hr
only one each infusion

Blood Products :- 2 O FFP transfused on 21/6/18

Special Instructions
- I/O charting (strictly)
- MPR charting
- Chest physio & BD & mobilization
- Oral hygiene given at 4pm

STAT ORDER: 2 O FFP

REFERENCE: Cardio vascular

INVESTIGATIONS PENDING/COLLECT: CBC, KFT, ABG, CXR, USG, LFT

Previous Day	Intake	Output	Balance
	1500ml + 2 O FFP	835ml	865ml

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse	101	102	101	101	104	107	107	108	103	102	103	94	94	84	98	84	86	84	78	110	116	96	96	84
B.P.	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	110/90	120/90	120/80	110/70	100/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70
Temp	98.2	98.2	98.2	98.2	98.2	98.2	98.2	98.2	98.6	98.6	98.6	98.6	98.6	98.4	98.6	98.6	98.4	98.6	98.6	98.4	98.6	98.6	98.4	98.6
R.R	23	23	23	23	20	23	24	24	26	24	24	24	24	20	22	18	20	16	18	14	18	18	22	16
SPO2	98	98	98	98	100	100	100	100	100	100	100	100	100	100	98	96	95	96	94	98	96	95	96	98
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Gagging																								
Allergy/ Anaphylaxis																								
Others																								

Time | Event | Intervention

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NAME: MR. HARI RAM ... WT: – I.P. NO. 145190 DATE 23/06/18 BLOOD GP:-
CONSULTANTS: GSR-II SEX: M Ht: – DOA TO ICU 21/06/18 DAY IN ICU D3 ALLERGIES:-
DIAGNOSIS: B/L INGUINAL HERNIA SURGERY / PROCEDURE: EXPLORATOMY LAPROTOMY + RESECTION

STAFF Assigne

Medication	Frequency	Dosage	Route	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	TOTAL
D3 INJ. TAZAR	6-2-10	4.5gm	I/V																									
D3 INJ. METROGYL	6-2-10	100 ml	I/V																									
D3 INJ. PAN	7-7	40 mg	I/V																									
INJ. EMSET	7-7	4 mg	I/V																									
INJ. TRAMADOL	10-10	1 Amp	I/V																									
D3 INJ. OFLOX	10 7 10	200 mg	I/V			STOP																						
INJ. PARACIP	8-2-10 SOS	100ml	I/V																									
T. AMLODIPINE	10-10	5 mg	R/T																									
T. IVANODE	10-10	5 mg	R/T																									
STEAM INHALATION	8-2-10		R/T																									
NEB C DUONIB	6-2-10	1 Resp	I/H																									
NEB C BUDECORT	6-6	1 Resp	I/H																									
INFUSIONS :- Drug	Concentration	Rate																										
INCENTIVE SPIROMETRY		3rd Hourly																										
Inj. Lasix	Stat	10mg	IV																									

STAT ORDER # 15

M: E: N:

Diet: ORAL NGT TPN

REFERENCE

INVESTIGATIONS PENDING/COLLECT: * Hb, TLC, DLC, KFT

Rate N.P.

I.V. Fluids: RL | DNS @ 100ml | Hourly

2 FFP transfused on 22/6/18.
02 FFP transfused on 21/6/18

Blood Products :-

Previous Day	Intake	Output	Balance
	3600ml	1460ml	

Time	Event	Intervention

Protein :

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse	74	72	96	95	96	94	95	95	99	102	103	102	101	110	86	112	102	92	84	74	72	92	86	72
B.P.	110/70	110/70	110/70	110/80	110/70	110/70	110/70	110/80	90/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80
Temp	98.6	98.4	98.6	98.6	98.4	98.6	98.6	98.6	98.4	98.4	98.3	98.4	98.4	98.6	98.6	98.4	98.6	98.6	98.6	98.4	98.6	98.6	98.4	98.6
R.R	16	16	18	18	21	21	20	18	18	18	23	21	22	20	18	24	22	18	16	22	21	18	20	22
SPO_2	98	97	97	96	96	98	97	97	90	89	93	94	93	94	96	98	94	92	94	92	90	98	94	96
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tingling																								
Allergy/ Anaphylaxis																								
Other																								

Special Instructions

F/u charting strictly
TPR charting
Chest physio – M & E
Mobilization
Oral Hygiene
R/T aspiration emptied at 3:40pm – 200ml

MATA CHANAN DEVI HOSPITAL

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NAME: Mr. Hari Ram | AGE: [illegible] | WT: — | I.P. NO: 145190 | DATE: 24/06/18 | BLOOD GP: AB +ve
CONSULTANTS: GSR – II | SEX: M | HT: — | DOA TO ICU: 21/06/18 | DAY IN ICU: D4 | ALLERGIES: N/K
DIAGNOSIS: B/L INGUINAL HERNIA | SURGERY / PROCEDURE: EXPLORATORY LAPROTOMY + RESECTION

STAFF Assigned

	Medication	Frequency	Dosage	Route	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	TOTAL
D4	INJ. TAZAR	6-2-10	4.5gm	i/v																									
D4	INJ. METROGYL	6-2-10	100 ml	i/v																									
	INJ. PAN	7-7	40 mg	i/v																									
	INJ. EMESET	7-7	4 mg	i/v																									
	INJ. TRAMADOL	10-10	1 Amp	i/v																									
	INJ. PARACIP	SOS	100 ml	i/v																									
	T. AMLODIPINE	10-10	5mg	R/T																									
	T. IVANODE	10-10	5mg	R/T																									
	NEB 2 DUOLIN	6-2-10	1 Resp	i/H																									
	NEB 2 BUDECORT	6-6	1 Resp	i/H																									
	STEAM INHALATION	8-2-10		i/H																									

STAT ORDER: #15

REFERENCE

INVESTIGATIONS PENDING/COLLECT: CBC, KFT, Xray Chest

Diet: ORAL ☐ NGT ☐ TPN ☐

Rate: NIL

Calories

Protein:

INFUSIONS :- Drug | Concentration | Rate

INCENTIVE SPIROMETRY 3rd hourly

I.V. Fluids: RL/DNS @ 100ml/hour

Blood Products :- ⊙2 FFP transfused on 22/6/18
⊙2 FFP transfused on 21/6/18

Special Instructions
- → I/O charting strictly
- → TPR charting
- → Chest physio < M/E and Mobilization
- → Oral hygiene
- →

Previous Day	Intake	Output	Balance
	3200 ml	980 ml	2220 ml

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse	92	92	92	92	86	89	79	84	86	84	82	86	84	85	85	79	80	86	87	89	113	114	92	94
B.P.	90/80	90/80	80/80	80/80	130/80	120/80	120/80	130/80	130/80	130/80	140/80	140/80	140/80	140/70	140/80	140/70	140/80	140/70	130/70	130/80	130/70	130/80	120/80	130/80
Temp	98.2	98.2	98.2	98.4	98.3	98.2	98.4	98.6	98.2	98.6	98.2	98.2	98.2	98.6	98.6	98.6	97.8	98.6	97.8	98.6	97.8	98.6	97.8	98.6
R.R	20	23	24	24	21	21	20	20	21	21	22	22	24	20	19	20	18	19	18	20	20	18	23	22
SPO_2	92	92	92	92	91	92	93	96	94	94	95	96	96	97	98	97	96	91	91	98	97	95	91	94
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tingling																								
Allergy/Anaphylaxis																								
Others																								

Time	Event	Intervention

MATA CHANAN DEVI HOSPITAL

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NABL ACCREDITED M-0378

NAME: MR. HARI RAM. AGE/SEX: WT: I.P. NO. 145190 DATE 25/06/18 BLOOD GP:- AB+ve
CONSULTANTS: GSR-II SEX: M Ht: DOA TO ICU: 21/06/18 DAY IN ICU: D6 ALLERGIES:- Nil.
DIAGNOSIS: B/L INGUINAL HERNIA SURGERY / PROCEDURE: EXPLORATORY LAPROTOMY + RESECTION

Medication	Frequency	Dosage	Route	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	TOTAL
D5 INJ TAZACT	6-2-10	4.5GM.	IV.																									
D5 INJ METROGYL	6-2-10	100ML	IV.																									
INJ PANTOP	7-7	40ML	IV																									
INJ EMSET	7-7	4ML	IV.																									
INJ TRAMADOL	10-10	1AMP	IV.																									
INJ PARACP	SOS	100ML	IV.																									
TAB. AMLODIPINE	10-10	5MG	R/T																									
TAB. IVABODE	10-10	5MG	R/H.																									
NEB 2 DUOLIN	6-2-10	1RESP	1H																									
NEB 2 BUDECORT	6-6	1RESP	1H.																									
STEAM INHALATION	6-2-10		1H.																									
INCENTIVE SPIROMETRY		3rd hrly																										

INFUSIONS :- Drug Concentration Rate

STAT ORDERS
RT aspiration
M/U 1 Amp in Drip

REFERENCE
Chest Ref.
Dr Chandermani ijm

INVESTIGATIONS PENDING/COLLECT
CBC, KFT

M:
E:
N:

Diet
ORAL
NGT
TPN
Rate:
Calc

I.V. Fluids RL/DN/S @ 100ml/HR.
80w/HR

Blood Products :-
- 3 FFP transfused 22/06/18
- 2 F-FP transfused 21/6/18

Special Instructions
→ I/O CHARTING
→ CHEST PHYSIO, and MOBILIZATION
→ ORAL HYGIENE
→ TPR charting
→ Continue RT aspiration
→ mobilize the pt.

Previous Day Intake 2600ml Output 820ml Balance

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse	92	91	90	87	86	90	80	82	90	92	90	94	96	88	86	88	84	86	84	86	82	84	88	82
B.P.	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	120/80	140/90	140/90	140/90	130/80	130/80	140/90	130/80	130/80	130/80	130/80
Temp	98.3	98.6	98.6	98.6	98.6	98.6	98.6	98.8	98.2	98.6	98.8	99.2	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
R.R	20	20	20	18	20	18	20	18	20	16	18	16	20	22	20	18	18	16	16	18	18	16	16	18
SPO2	94	96	98	92	94	98	96	94	90	96	96	95	94	92	93	94	93	94	94	96	95	96	96	97
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tingling																								
Allergy/ Anaphylaxis																								
Others																								

Time Event Intervention

Protein :

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NAME: MR. HARI RAM AGE: 83 yrs WT: I.P. NO. 145190 DATE 26/6/18 BLOOD GP:- AG:

CONSULTANTS: GSR - II SEX: M Ht: DOA TO ICU: 21/6/18 DAY IN ICCU: D6 ALLERGIES:-

DIAGNOSIS: B/L INGUINAL HERNIA SURGERY / PROCEDURE: EXPLORATORY LAPROTOMY + RT SECTION

Medication	Frequency	Dosage	Route	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	TOTAL
INJ. TAZACT	6-2-10	4.5gm	IV																									
INJ. METROVYL	6-2-10	100ml	IV																									
INJ. PANTOP	7-7	40mg	IV																									
INJ. EMESET	7-7	4mg	IV																									
INJ. TRAMADOL	10-10	1amp	IV																									
INJ. PARACIP	SOS	100ml	IV																									
Tab. AMLODIPINE	10-10	5mg	R/T																									
Tab. IVANODE	10-10	5mg	R/T																									
Neb E DUOLIN	8-2-10	1Resp	I/H																									
Neb E BUDELORT	8-6	1Resp	I/H																									
STEAM INHALATION	8-2-10	1Resp	I/H																									
Incentive Spirometry		8hrly																										

INFUSIONS :- Drug Concentration Rate

STAT.ORDER

#15

Pt. shifted to S.D at 3pm

REFERENCE

INVESTIGATIONS PENDING/COLLECT

CBC, KFT, BSL, CRP

Na^+, K^+, Mg^+ – 6pm

M:

E:

N:

Diet

ORAL

NGT

TPN

Rate :

Calories :

Protein :

I.V. Fluids

~~DNS/RL~~ @ 80 ml/hr

Add 1 amp KCl in each liter of N/2

N/2

all med. to be dissolved in N/2

Blood Products :- 2 O FFP transfused 20/6/18

2 O FFP transfused 21/6/18

Special Instructions

→ R/O chasting

→ chest physio & mobilization

→ ORAL HYGIENE

→ Drain (A) & (RT) (+) removed on 28/6/18

→ electrolyte (M) – (E) –

→ Drain removed 02 cm

Previous Day Intake: 2760 ml Output: 805 ml Balance: 1995 ml

Time	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6
Pulse	88	86	84	82	84	82	84	84																
B.P.	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80																
Temp	98.6	98.2	98.2	98.4	98.2	98.4	98.2	98.6																
R.R	18	18	16	18	16	18	20	20																
SPO_2	96	98	96	98	96	98	96	94																
Redness																								
Itching																								
Sweating																								
Nausea / Vomiting																								
Palpitations																								
Tingling																								
Allergic / Anaphylaxis																								
Other																								

Time Event Intervention


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