

PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari - 123 401 (Haryana), India

THOSPITAL .	Email: pushpanjalihospit CIN: U85110DL19	talrewari@gmail.com	
neultont: Dr. NEERA	HISTO PATHOLOGY	CONTROL OF THE PROPERTY OF THE	
		Date 06 08	k
ame Mrs. SARBATI	DEVE	SIO OM PRAKASH	
ge 71 yrs sex femo	LL Address KHARK	HRA REWART. Medile Admission No.: 981298	
JHID DOING TH	00-2404570	Medile No 981998	2
Category : ECHS	111111111111111111111111111111111111111	Admission No (4
pecimen	11856599	Site	**
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Brief relevant Clinical History	C 11 D.	Mes	
	Gall Blo	produce C	
Brief Operative Note			
and the state of the state of			
Any Relevant Special Investigation			
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STATE OF THE PARTY	CYTOLOGY REQUIS	SITION SLIP	
Cytology Papsmear			
Clinical Finding and History		LMP /	A
Street, Street			
	Laster / Other		
Normal / Post Menoposal / Suspici	ous Lesion / Other		
THE COLUMN TWO			
C. C. C. C. C.			
Cita of Sample			

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....

TEST REQUISITION FORM		
010	Test Name/Test Code	
BORATORY Unique	(Please refer to the Directory of Services for correct n	
ent Details	2 HPE Small	
Jame Sarbati Devi Last Name : 016127		
	3.	
Gender Male Female	4 11856599	
SS:Contact No	5	
ID:	6	
red by: Contact No	7.	
aternal Screening - Date of Birth -	8	
t: kg. Height: ftinches, LMPListUtimoud Report	9, Instructions to Laboratory/Clinical Inf	
ng Information	Instructions to Eadoratory/Clinical Inf	
Name Pushpanjali Reward		
ID:		
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nt Received : Receipt No. :	Sample / Vial Type Vial I	
nt Balance / Due :	Coh L.	
ent via : Cash Cheque Credit ePlatform	arace	
cimen Type Received (For MolQ use only)		
Serum Bone Marrow CSF Plasma EDTA/FL/CIT FN Aspirate Fluid		
SST		
W Blood Fluoride		
W. Blood Heparin Slide (H&E) Stool W. Blood Sodium Citrate Pus Swab		
Semen		
eived Specimen Information (For MolQ use only)	Total No. of Vials/Container:	
perature : Ambient Refrigerated Frozen	Specimen Collection Information	
Time:	Date: 7 8 2 4 Time: 1	
nt ID: No. of Vials/container:	Fasting: Yes No Fasting F	
1 2	Collection by: Surepider Kump	
Signature of Accessioning Officer(s)	Urine Volume: ml Hrs	
meent I hereby authorize MoIQ Liboratory to use and share with affiliates, my personal information including but in consistion, to the extent applicable by laws and regulations, will be kept confidential and will not be made authory and any line in the fallure. I agree to the access of my medical records and specimen for diagnostic and research purpor in. The samples used for research will be coded to maintain confidentiality and will be discarded as per the rules and distincts. For any testingnous related compliant/query please contact MoIQ Laboratory for resolution, in case of any user MRP of the test requisition.	strates. Further, I authorize the use of the leftover spectrems for immediate in it regulations specified as applicable by law. In the event of any publication but dispute the jurisdiction will be Head Office, Gurugnan, Harjane. The franchis	
्राधिक तक तथा की तथा को कि कार्क नेताल के अनांत है। ऐसे इस प्रवाद की आपकारों को पूर्व कर से एक प्रकार की अपने अपने से बंदे पूर्व पूर्व को प्रधानकार करने की सिनों की तथा और दिलों के उपरा के हिला के लिए उपरांत से तर अपनी है। के सार अप नाई को पूर्व कर के अधिन किया जार और पूर्व कर ने स्था जाएवा जब इसकों कर किया जाएवं से पूर्व कर के निवस और सि अप अपने पार्ट को पूर्व कर के अधिन किया जार और पूर्व कर ने स्था जाएवं जब इसकों कर किया जाएवं से पूर्व कर के निवस और सि	to (fo are extens front on all the second a section as come and	



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	HID No.: 016127 IPD No. 24-04578
ge / Sex Ded No. D	OA 08/P/24 DOS 8/P/24
OPERATIO	ON THEATRE NOTES
Surgeon In-charge Dr. NECRAT	Anesthetist: DT.MOHIT ARORA
Assistant Surgeon :	OT Technician :
OT STAFF MAY SHRIKANT	Type of Anaesthesia General Anaesthisia
Pre-Operative Diagnosis :	YATTE GALL STONE DISEASE
Don't Committee Discount	
Procedure Name LPT	MOLGCYSTERATOMY
Operation Started atOperation	on Finished atDuration
Sponge Count	
Operative Notes:	11. GB distended, wall
016	JE - 1. GB distended, walf twickness and 2. Nulliple stones in GB
	2. Multiple Stones in GB
	· /wmen
	3. Posterior cystic auty noted
	4. Cystic duct and autury
	(libbed
Organ Exploned	
Specimen Sent for histopathology (if any)	4.B
Immediate post-operative condition	
	Surgeon's Signature
	Date & Time
PHOTICL-001/2023 - 11	or-st