

# ADMISSION ASSESSMENT

Parkway Hospitals Singapore Pte Ltd

☐ GEH ☐ MEH ☐ MNH ☒ PEH

S8477350F

602504

BOJJIREDDY SOUJANYA

DOB: 25-Aug-1984 / 40y Female  
359 TAMPINES STREET 34 #03-433  
SINGAPORE 520359  
Tel: 93365499  
Allergy: NKDA

## Current Illness / Past History

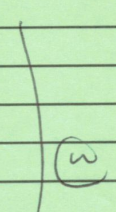
40<sup>4</sup> P2-MB

90 prolonged bleeding/heavy  
thickened ET  
> 6-7 pads (day)

L.M.P. 3/7/2025

Drug Allergies ☐ Yes ☒ No

## Physical Examination

Heart: 

Lungs:

## Diagnosis

Abnormal bleeding  
- PZT

## Investigations

Pre-op ECG done - (2)

## Orders / Medication

(\*) Day Surgery

(\*) Admit by 6am

(\*) Fasting for 6 hrs

## Charts

☒ Routine ☐ Diabetic ☐ I/O

☐ Head ☐ (others) ☐ (others)

Operations Hysterectomy / bcr / Polypectomy  
Mirena Coil insertion.

Date / Time 16/8/2025 (2) 8am

Surgeon Dr. Ting Hua Sieng

Anaesthetist Dr. Sridhye

Shaving Required ☐ Yes ☒ No

## Diet

☐ D.O.C ☐ Soft ☐ Low-salt

☐ Diabetic ☐ (calories) ☐ (others)

☒ Nil by mouth from: 15/8/2025 midnight

Date / Time

## On Admission, to inform

Admitting Doctor ☒ Yes ☐ No

Other Doctors

DR TING HUA SIENG (MCR 101852)  
Specialist in Obstetrics & Gynaecology  
MBChB (New Zealand) FAMS (Singapore)  
MRCOG (United Kingdom) FRCOG (United Kingdom)

Admitting Doctor's Name & Signature

Date/Time

(2) 11am

# CONSENT FOR OPERATION OR PROCEDURE

Parkway Hospitals Singapore Pte Ltd

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SINGAPORE 520359

Tel: 93365499

Allergy: NKDA

(This consent form is valid for 90 days or one hospital admission, whichever is shorter)

## PART A: CONSENT FOR OPERATION OR PROCEDURE

1. I, the undersigned patient, consent to undergo the operation / procedure of Hysteroscopy / Dilatation & Curettage / Mirena Coil insertion Polypectomy having understood the nature, purpose, risks, benefits, and alternatives which were explained to me by Dr Ting Hua Sieng.
2. I also consent to:
- 2.1 The transfusion of blood and other blood-derived products as may be found necessary by my attending doctor(s), and confirm that the nature, purpose, risks and alternatives of such transfusion have been explained to me.
- 2.2 Such further or alternative operative measures or procedures as may be found necessary by my attending doctor during the course of the operation / procedure.
- 2.3 My attending doctor seeking consultation or assistance from other relevant specialists if the need arises during the course of the operation / procedure.
3. I also confirm that I have been given adequate opportunity to ask questions.
4. The foregoing were translated to me in \_\_\_\_\_ by \_\_\_\_\_ (Language / Dialect) (Name of Translator)

Bojjireddy Soujanya  
Full Name of Patient (Block Letters)

S8477350F  
NRIC / Passport No.

JB Soujanya  
Signature / Right Thumb Print

2/8/25  
Date

DR TING HUA SIENG (MCR 10180Z)  
Specialist in Obstetrics & Gynaecology  
MBChB (New Zealand), FRCOG (United Kingdom)  
MRCOG (United Kingdom) FRCOG (United Kingdom)  
Name of Doctor

Signature of Doctor

## PART B: CONSENT FOR ANAESTHESIA OR SEDATION

5. I, the undersigned patient, consent to the administration of (please ✓ all applicable boxes)
- 5.1 ☐ Monitored Sedation ☐ General Anaesthesia ☒ Regional Anaesthesia
- 5.2 And such further alternative anaesthesia or sedation or procedure including the insertion of any central lines or arterial lines that may be found necessary during the course of the operation / procedure by my attending anaesthetist.
6. I confirm that the nature, purpose, relevant risks, benefits, and alternatives of such anaesthesia or sedation and post-procedure analgesia or procedure including the insertion of central lines or arterial lines have been explained to me by my attending anaesthetist.
7. I also confirm that I have been given adequate opportunity to ask questions.
8. The foregoing were translated to me in \_\_\_\_\_ by \_\_\_\_\_ (Language / Dialect) (Name of Translator)

Signature / Right Thumb Print of Patient

Date

Name of Doctor

Signature of Doctor

Name of Staff Present (optional)

Where the patient is below the age of legal maturity (21 years) or for some other reason(s)\* is unfit or unable to sign this consent, the attending doctor(s) and / or the hospital reserve(s) the discretion to obtain consent from the parent, spouse, next-of-kin, or guardian of the patient.

- \*Specify such other reason(s): \_\_\_\_\_
- I, the undersigned, Parent\*\* / Spouse\*\* / Next-of-kin\*\* / Guardian\*\* (delete whichever is not applicable) of the above-named patient:
- Warrant that I have the authority to act on behalf of and give consent on behalf of the patient.
- Confirm and acknowledge that the nature, purpose, risks, benefits, and alternatives of the operation / procedure, the insertion of any central lines or arterial lines as may be found necessary, transfusion of blood and other blood-derived products, and administration of anaesthesia / sedation and post-procedure analgesia have been explained to me; and that I truly understand and consent to the performance of the above-named operation / procedure on, insertion of any central lines or arterial lines as may be found necessary into, transfusion of blood and other blood-derived products as may be found necessary into, and administration of the above-named anaesthesia / sedation and post-procedure analgesia on, the patient.
- Confirm that I have been given adequate opportunity to ask questions.

Full Name (Block Letters)

NRIC / Passport No.

Signature / Right Thumb Print

Date

Mount Elizabeth Mount Elizabeth Parkway East Hospital

Insert Clinic Logo

Insert Clinic Address and  
Contact Number

## ADMISSION TO PARKWAY EAST HOSPITAL

## ESTIMATED DOCTOR'S FEE

NAME OF PATIENT

Bajjireddy Soujanya

NRIC/PASSPORT/FIN NO

S 8471350F

PROVISIONAL DIAGNOSIS

~~uterine fibroid~~ ↑ ET / prolapsed  
bleeding /  
poly

ESTIMATED LENGTH OF STAY IN HOSPITAL

4 Days Day Surgery

SURGICAL PROCEDURE

Hysteroscopy / Dec / Polypectomy /  
Mirena IUD insertion

TABLE OF SURGERY:

2B

OPERATION CODE:

S I 7 2 5 4

ESTIMATED DOCTOR'S FEEAMOUNT

Doctor's Fee

Op fee \$ \$2800

Other Charges (Please Specify):

Anaesthetic \$350

a) \_\_\_\_\_

Anesthetic \$700

b) \_\_\_\_\_

c) \_\_\_\_\_

Hospital charges ~ \$250 - \$350

Mirena IUD \$1000

TOTAL Estimated Doctor's Fee: \$

Notes on Doctor's Fee Estimation

The above total estimated doctor's charges and length of hospital stay are the best estimates based on previous patients with similar diagnosis and treatment as that stated in the provisional diagnosis and the estimates do not take into account any complication(s) which may arise in the course of diagnosis, treatment or management of the patient or any medical condition which may arise or be discovered, whether foreseeable or not and howsoever caused during the period of the diagnosis, treatment or management of the patient. Actual charges for all hospitalization and services rendered and expenses incurred may differ from the above estimated charges depending on the final diagnosis, the patient's medical condition, actual treatment provided (including but not limited to the treatment of any complications that may arise or the treatment of any other condition that may be discovered during the patient's stay) and the actual stay in Hospital.

Bajjireddy Soujanya

Name of Patient

S B. Soujanya

Signature

5/8/2015

Date

DR TING HUA SIENG (MCR 10180Z)  
Specialist in Obstetrics & Gynaecology  
MBCbB (New Zealand) FAMS (Singapore)  
MRCOG (United Kingdom) FRCOG (United Kingdom)

Name/Stamp of Doctor

Signature

BUSINESS OFFICE

Financial counselling completed for above patient on Date: \_\_\_\_\_ at Time: \_\_\_\_\_ for the above.

Name &amp; Signature of Staff

Please bring this copy to Parkway East Hospital's Admission Office, Level 1 for Admission