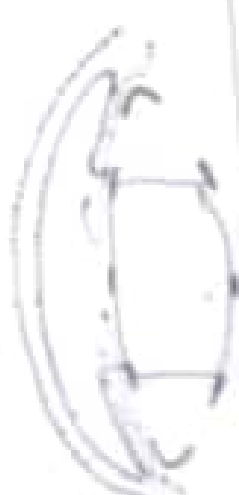





	RIGHT	LEFT
SIZE	8mm → 6mm	8mm
OR		
APPEARANCE	Conical	conical
LOCATION	anterior	anterior
RELATION TO OTHER TISSUE	No hyaloid	No hyaloid
CONTENTS	D+	<u>fluid</u>
US		
Transparency	flou	clear
Position		
Shape		
VERGENCE		
Size	flou	whitish
Direction		
INTRAOCULAR TENSION		
Diast		
Intraocular, Schiotz	17 mm Hg	20 mm Hg
Applanation		
BOMICROSCOPIC FINDINGS (Diagrams)		

डॉ. प्रो. वि. कार्ड
O.P.D. Card

आयुर्वेदिक चिकित्सा केन्द्र, दिल्ली
Dr. Rajendra Prasad Centre for Ophthalmological Sciences
A.I.I.M.S., New Delhi-110029



बुधवार व शनिवार
Section and Day
Wednesday & Saturday
Tuesday & Friday

कैबिन नंबर
Cabin No.

प्रोफ. प्रदीप शर्मा की इकाई
Prof. Pradeep Sharma's Unit

उपरोक्त की तारीख
UPID No. 105168478

रोगी का नाम Name of the patient	व्यक्तिगत SDW	लिंग Sex	उम्र Age	पता Address
		dys	M	

डॉक्टर

दिनांक DATE	रोग DIAGNOSIS	उपचार TREATMENT
----------------	------------------	--------------------

30/7/20

Exa done by Dr. Neha Dr. Rachna / Dr. Neha.

Screening
Exa

(R) anterior segment
(R) retroillumination
IOP = 10 mmHg

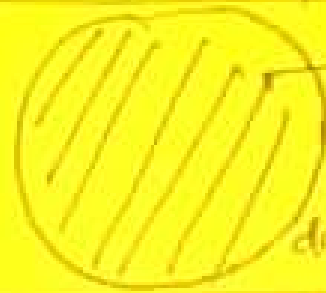
(L) ectropion
IOP = 20 mmHg
dilated pupil

Posterior segment

RG-UVNL



(L)



diffuse infiltrating
disc not visible

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर जगह साथ लाएं।
Kindly keep this Card safely and bring it on your follow-up visits.

1. धूपपान निषेध
2. कृड़ा करकट केवल कक्षेदान में ही डालें
3. छुकीये नहीं touching lens.

USG → (L6) : Mass in Calcification
~~with~~ occupying > 50% of
 vitreous cavity

Adv:

1. old myoma @ T1D n < days] BC

a. (L6) Enucleation in Primary
 Inplant

- Report Covid test

- Admission today + tomorrow

John
to Nishu

Shuman

नेत्र ईश्वरीय सर्वमूल्य उपहार है जिसका मनुष्य जीवन में बचन करना परममूल्य है।
 इसकी पूर्ण रक्षा कीजिए ताकि वे आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind. Take full care of them
 So that they can take care of you

Dr. Raj

AL - (379)

ciences

Section

V

Jr. Resident Dr. Neguin

Consultant *fix*

Ward / Bed No.

436

C.R. No.

Hospital Name: _____
 Department: _____
 Patient Name: _____
 Age: _____ Sex: _____
 Date of Admission: _____
 Referring Doctor: _____
 Address: _____
 Telephone: _____
 Signature: _____
 Date: _____

Age

Sex

Nationality

Family Income

Single / Married

Permanent Address

(including sex)

Occupation

Local Address

J.O.A. _____ Time _____

D.O.D. _____ Time _____

Previous Admission / CR No.

Tele No.

Admission-Routine / Emergency / EHS / _____

DIAGNOSIS	Primary	2nd	3rd	Code No.
Right Eye <i>Follows object</i>				1) 2) No AIO 3)
Left Eye <i>Does not follow light</i>				1) Eye 2) <i>Examination</i> 3) <i>illness</i>

Medical / Operation Treatment

Result : Cured / Relieved / Stationary / Failure

Photographs No.

Histopath Report No.

X-Ray No.

wt = 10 KG

COMPLAINTS WITH DURATION

- ① outward deviation 4 months
- ② leucorrhoea x 2 months

HISTORY OF PRESENT ILLNESS

Parent was apparently well 4 months back when mother noticed ① outward deviation and brought to a pet doctor. 3 months later she noted whitish discharge inside eye and

HISTORY OF PAST ILLNESS

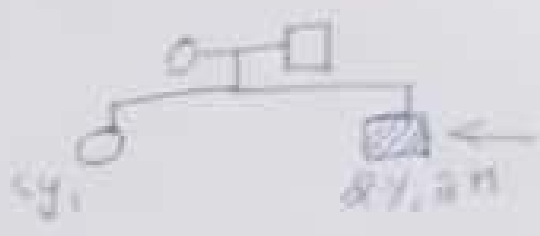
took to state eye hospital where leucorrhoea was detected and PB specimen was made and referred to A.I.C.C. Patient consents surgically to stop use was used for 6 weeks and get little relief

HISTORY OF PREVIOUS OPERATION

NO info peritonal events / no surgery / trauma.

FTND. 3 kg. used at birth, immunisation completed on 7yr

OTHER RELEVANT HISTORY



No h/o allergy / hypersensitivity

17/7/2020

NRC: ① intraocular mass as 10/100 in diam one old and insignificant from prior eye infect.

...of my body for medical, scientific or educational purposes provided by having it not covered by the general or by
...that accompanying them.

11 For the purpose of advancing medical education, I hereby give consent to the utilization of specimens in the
operating room.

12 I also give consent to the disposal by routine activities of any tissues of parts which may be removed during the
course of operative procedure / treatment.

13 **SPECIAL CONSENT FOR REMOVAL OF AN EYE (ENUCLEATION / EVISCEATION / EXENTERATION) :**
I hereby consent to removal of my right / left eye. I have been explained the consequences and fully understood that I
will be losing the eye with no possibility of vision in the future.

I CERTIFY THAT THE STATEMENTS MADE IN THE ABOVE CONSENT LETTER HAVE BEEN READ OVER AND
EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE
CONSENT AND FURTHER SUBMIT THAT STATEMENTS THEREIN REFERRED TO WERE FILLED IN AND ANY
INAPPLICABLE / PARAGRAPHS STRICKEN OFF BEFORE I SIGNED / PUT MY THUMB IMPRESSION

DATE: 20/07/2022

Signature of Patient /
Thumb Impression

Name & Address of
the nearest relative

Signature of [Signature]
Name of the relative

Name _____
M (O) _____ (P)
Age _____

WHEN PATIENT IS A MINOR OR UNABLE TO AFFIX SIGNATURE DUE TO MENTAL OR PHYSICAL DISABILITY

1. Name _____
Signature _____
Address _____

2. Name _____
Signature _____
Address _____

Signature / Thumb Impression
of Natural Guardian / Guardian Jithendra
Name (in Block Letters) Fathima (Smt)
Address 52-73, Chengal
Relationship with Patient Father
M (O) 52-73, Chengal

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION / TREATMENT TO THE
PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM

SIGNATURE OF DOCTOR-IN-CHARGE
NAME [Signature]
DESIGNATION DR

GENERAL PHYSICAL EXAMINATION

General Health *well built, nourished*

Oral hygiene } *adequate*
 Breath }
 Mucous membranes } *WNL*
 Sleep }

Pulse *92* *int*
Resp *20* *int*

R.R. *clear*



Temperature *37.2*
Aments *nil*

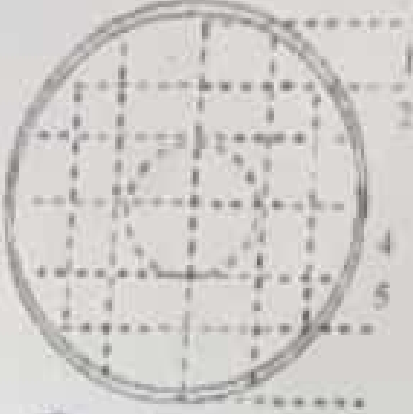
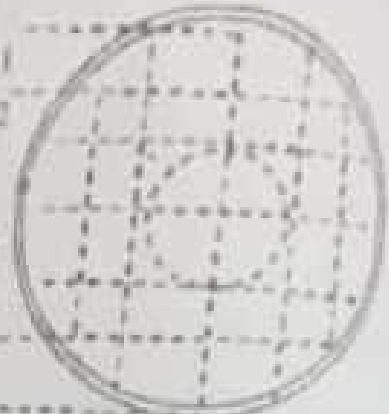
Any other relevant findings
Nil

SYSTEMIC EXAMINATION (CVS, Resp, GI & CNS system)

CVS }
 Resp } *WNL*
 GI }
 CNS }

VISUAL ACUITY	DISTANCE		NEAR	
	Right	Left	Right	Left
Naked eye	<i>Follows objects</i>	<i>Does not follow light</i>		
With glasses				
Power of glasses				
Refraction				
Remarks:				

LOCAL EXAMINATION	RIGHT	LEFT
OCULARS		
Size, Shape	(R) size shape	(L) size, shape
Position	axial	axial
Inspection		
Movements		
Cover test		
Convergence		
EXLIDS		
Position		
Palpebral aperture	No ptosis	No ptosis
Movements, Skin	No dystichiasis	No dystichiasis
Margins, Cilia	No MLD	NO MLD
Conj. Caroti	No ectropion	NO ectropion
DRAINAGE SYSTEM		
Puncta, Lac. Sac.	puncta apposed	puncta apposed
Lac. Gland	to globe	to globe
Nasal check up		
CONJUNCTIVA		
Discharge, congestion	RT negative	RT negative
Follicles	NO discharge	NO discharge
Scars	NO follicles	NO follicles
Tuberc	NO scars	NO scars
Palpebral		
Fornices	NO FB	NO FB
Plica semilunaris	Fornix free	Fornix free
Caruncle		
E.B.		

	RIGHT	LEFT
CORNEA		
Size, Shape	Ⓝ size shape	Ⓝ size, shape
Surface, Transparency	clear	clear
Ulex	NO ulex	NO ulex
Vascularization	NO vessels	NO vessels
Opacity	NO opacity	NO opacity
Degeneration		
Dystrophy		
Sensation		
Thickness		
	F E D C B A	A B C D E F
		
SCLERA		
Shape, Vessels	Ⓝ shape	Ⓝ shape
Nodules, Ectasia	NO nodules	NO nodules
ANTERIOR CHAMBER		
Depth	normal depth	normal depth
Regularity	NO cells / fibr	NO cells / fibr
Content		
Angle of A.C.		
IRIS		
Colour Pattern	brown	blue/green with (D)
Collar	NO collar	NO collar
Nodules Vascularization	NO nodules	NO nodules

LEFT EYE



no absort

TREATMENT SHEET

Signature & Date

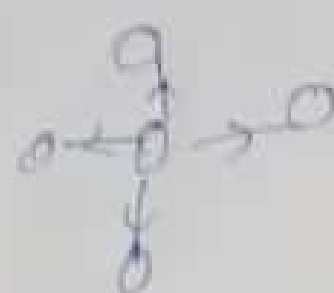


20/07/2020
 weight.
 written informed consent
 500 ml old Mycin TAB
 U of le → uncooperative
 Covid-19 test

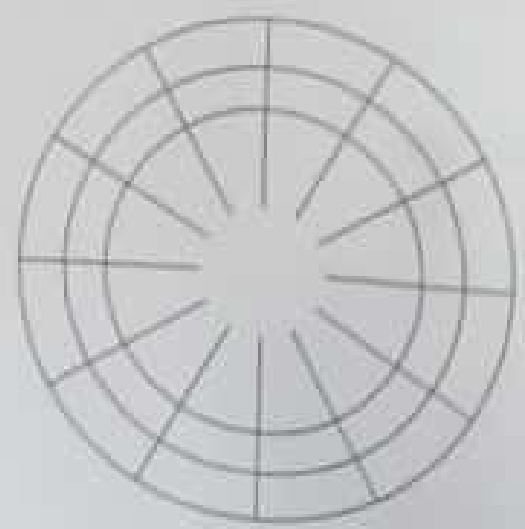
child

500 ml
 191d
 20/07/2020

20/7/2020

① Hb, BT, CT

DARK ROOM EXAMINATION	RIGHT EYE	LEFT EYE
Preliminary Examination		
Refraction Under Cycloplegic	glow @ Macula clear	glow @ mac
OPHTHALMOSCOPY	CORA 3:1	
(i) Distance Direct	NRR pink	
(ii) Direct Ophthalmoscopy	AVR 2:2	
Media	FR steep	
Disc, Vessels		
A, V Crossing		
Periphery		
Macula		
(iii) Indirect Ophthalmoscopy	No peripheral lesions	



PRE OPERATIVE ORDERS

Signature

- ① clean, mask, Inlets (L)
- ② Follows PAC order
- ③ Inlets (R)

IN RAJENDRA PRASAD
 1901-191199479
 C.W. No. R-411260-20
 Name: NEE DAKSH
 Age: 47

Ward Name: 4A
 Bed No: 434
 The Institute Dr. Pradeep
 Name
 Date: 01-11-2020
 ACCIDENTS: BY
 21-11-2020 10:00:00

IN RAJENDRA PRASAD CENTER FOR OPTHALMOLOGIC SCIENCES
 Date: 01-11-2020 12:00:44 PM
 Ward Name: 4A
 Bed No: 434
 The Institute Dr. Pradeep
 Name
 Date: 01-11-2020
 ACCIDENTS: BY
 21-11-2020 10:00:00

Report on admission
 investigations by

① Leucoria X 2 months

OIE

OD

OS

Vn < Follow object
 does not follow
 light

Conc. clear

Clear

Ac. Unimul
 Depth
 N=cells

① Depth
 extrusion
 inner 50

pupil: D T

Leucoria
 ⊕

IOPC 10
 20

Fnd: WNL

(VSC) man to
 observation
 supply 75% eye
 Signature

Date

Review notes by the Senior Resident

Date

Signature

31 JUL 2020

ब० रो० वि० कार्ड O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आयु० सं०, नई दिल्ली - ११००२९
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029



17002 (8506031843)

अनुभाग व दिन Section and Day मंगलवार व शुक्रवार Tuesday & Friday	V	कमरा नंबर Cabin No.
---	---	------------------------

41

यु एच आई डी संख्या
UHID No. 105168478 आचार्य प्रदीप शर्मा का एकक
Prof. Pradeep Sharma's Unit

रोगी का नाम Name of the patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Daksh		M	2 YS	

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

उपचार Treatment

17 JUL 2020

NRC-remr Dharam Adv

Date for EVA
20/July/2020
Nites

(F) EAs cobrex 10S
000
EAs refishatins (M) 0000

- wt: -
Written informed consent
LE old Mycin tds
RI LE

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लावें।
Kindly keep this Card safely and bring it on your follow-up visits.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. शूकिये नहीं
Dr. Pradeep Sharma 800577025

ब० रो० वि० कार्ड
O.P.D. Card



ये एक प्रमाण पत्र है
जो आप की देखभाल के लिए है

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा
Cabin

डा० राजेन्द्र प्रसाद
ज० भा० आयु०
Dr. Rajendra Prasad
A.L.M.S., New Delhi

यु एच आई डी
UHID No.

रोगी
Name

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC
SCIENCES

UHID: 105168478
Dept. No. 20200050034529
DAKSH
S/O: JITENDER TYAGI 25/M

Date: 31/07/2020
RPC OPD-Dr. SWATI
PHULJHELE
Unit: V
Room No.: 41
FRI

Address: E-72 NOIDA SECTOR 73, UTTAR PRADESH, INDIA
Mobile: 8700646332



दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment

31 JUL 2020

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये

GSTIN : 07BRXPA5531M1ZB

TAX INVOICE

9210786186, 7503224559
9213887786, 9717185224

Ali Opticals
Artificial Eye Centre
(A Custom Made Artificial Eye)
Cosmetic Lens Crutch Glass



कॉन्टैक्ट लेंस, क्वार कॉन्टैक्ट लेंस, बी.सी.एस. लेंस, लोविजन एड, मेगनेटाई लेंस, हार्डिंग एड
ऑसु के ऑपरेशन में प्रयुक्त सभी सामान उपलब्ध हैं।
नोट : AIIMS डॉक्टर द्वारा ऑसु की जाँच की जाती है।

Shop No. 12, AIIMS, Gate No. 1, Sub Way Market, New Delhi-2

Invoice No.: 018

State Code : 07

Date 23/09/20

Details of Receiver (Billed to)

M/s DAKSH (Child help hand)
B-28, mawra complex Subhash Chok
Laxminagar Delhi (110092)

Details of Consignee (Shipped to)

M/s

GST No. State Code

GST No. State Code

S.No.	Description of Goods	SAC/HSN CODE	Qty.	Rate	Rs. AMOUNT	P.
	Artificial eye		01	11	17160	
	chactmed eye					

Mode of Transportation Vehicle No.

Name of Transporter

G.R. No. Date Transporter GST

GST Payable on Reverse Charge (Yes / No)

Ruppees in Words mindin thousand five hundred
only

Total 17160

Total Amount

SGST @ 1 % 1170

CGST @ 6 % 1170

IGST @ %

Total Amount of CST 23407

Total Amount with GST 195007

E. & O. E.

1. Goods once sold will not be taken back under any circumstance.
2. Disputes Subject to Loni Ghaziabad Jurisdiction only.
3. Our responsibility ceases after the goods leave our premises.

For **Ali Opticals**

[Signature]
Authorized Signatory

Dr. वी. आर. अम्बेडकर

कैंसर अस्पताल
Cancer Hospital
HOSPITAL

OPR-6

DR. B.R.A. IRCHAIMS, NEW DELHI

Reg. Date: 19/06/2020

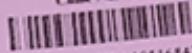
Clinic No. 2020/5748

IRCH No. 245310

Clinic: Paediatric Medical Oncology Clinic

Dept. MEDICAL ONCOLOGY

General



LHID-105168478

एकक/Unit

विभाग/Dept.

नाम/N.

DAKSH

नाम

Name DAKSH

SO- JITENDER TYAGI

Phone No. 8700646332

Address E-72 NOIDA SECTOR 73, UTTAR PRADESH, INDIA

Sex/Age M/2Y

Room Board Room (Shift Morning)

/O.P.D. Regn. No.

105168478

जन्म तिथि/Date of Birth

निदान/Diagnosis

RL

दिनांक/Date

उपचार/Treatment

13/8/2020

2nd floor
day care
7:30am

> 100°F
↓
CBC
↓
Hospital

C#1

1. Inj. VCR 0.6 mg IVP
2. Inj. Carboplatin 225 mg in 1057. D
3. Inj. VP-16 125 mg in 1057. D
4. Inj. Zofen 4mg IVP
5. Inj. Demora 4mg IVP
12pm - 12pm खाने से पहले X 3 day
6. Inj. Zofen 4mg
7. ~~T Decamvan~~ 21
7. FU with CBC + LFT/RFT on 3/9/2020

अंगदान-जीवन का बहुमूल्य उपहार ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

ग्राहक से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

Sy. Brown 1/2 tsp

B612

21/8/20

Dt 8 of chemo

- 40- fever x 2 days
- a/w sore throat
- ↓ oral intake

Baby is active + playful

- RR - 30/min
- PR - 120/min

Adv

- ~~Keep to paracetamol for fever~~
- Syp Augmentin 228/5ML 1 tef BD
- Zylke lotion L/A
- 1/2 glass lukewarm water TDS
 - 1 tef boom hexine
 - 1 tef xylocaine
 - 1/2 tef soda bicarb

- Syp. PCM 120 mg / 5ML TDS x 3 days

F/U ± CBC on 24/8

Kam

24/8/20

- TLC = 5400
- PLT = 115 (ok)

Adv:

- Complete Antibiotic course for 5 days.

- F/U → as advised on

3/9/20
AS
54/20

3/9

C# 2 VEE ± same dose

C# 2

5/9

F/U

24/9/20

CBC
LEFT LFI

23/9/20

C# 3 VEE (28/9/20) → check CBC

F/U

22/10/20

CBC LEFT LET

OK
C# 3
28/9
Adv

B612



NOKIA

PROCESSED AT :
Thyrocare,
Plot No. 428, Phase-IV,
Udyog Vihar,
Gurgaon, Haryana - 122 013

Thyrocare
The Trust. The Truth.

Corporate Office : Thyrocare Technologies Limited, 3/113, TTC MIDC, Turbhe, Near Mumbai - 400708
☎ 022 29900000 / 4125 2525 ☎ 8881844056 ✉ info@thyrocare.com 🌐 www.thyrocare.com

REPORT

NAME : DAKSH TYAGI (2y/M)
REF. BY : SELF
TEST ASKED : COVID-19

SAMPLE COLLECTED AT :
SECTOR 51 HOSHIYARPUR NOIDA GAUTAM BUDDHA
NAGAR UTTAR PRADESH - 201301

TEST NAME

RESULT

COVID-19 QUALITATIVE PCR

NOT DETECTED

Interpretation

- NOT DETECTED : COVID-19 RNA was not detected in the patient specimen or less than detection limit
- DETECTED : COVID-19 RNA was detected in the patient specimen
- INCONCLUSIVE : Target is inconclusive. Advised to send fresh specimen for recheck

ICMR Registration No THYTECLGUH

The performance of this test has been validated & evaluated by National Institute of virology/ICMR.

Indications

COVID-19 is an infectious disease caused by the virus strain "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2).
Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties.
In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and kidney failure.

Methodology

COVID-19 detection by polymerase chain reaction (PCR) is based on the amplification of specific regions of the SARS-CoV-2.
In real time PCR the amplified product is detected via fluorescent dyes.

Clinical Significance

Detection of COVID-19 RNA in patients with COVID-19 infection.

Limitation of the assay

1. Presence of PCR inhibitors may interfere with PCR amplification.
2. Undetected result does not rule out the possibility of infection. Presence of inhibitors, mutations & insufficient organism RNA can influence the result.

Disclaimer

1. This test is intended for use in conjunction with clinical presentation and other laboratory markers.
2. Improper specimen collection, handling, storage and transportation may result in false negative results.
3. The report represents only the specimen received in laboratory.

Sample Collected on (SCT) : 17 Oct 2020 15:03
Sample Received on (SRT) : 17 Oct 2020 21:14
Report Released on (RRT) : 18 Oct 2020 03:53
Sample Type : SWABS
Labcode : 1710013522/AG132
Barcode : Q4404010



Neha Ballani
Dr. Neha Ballani MD(Micro)

2020/10/20 10:10

CUSTOMER DETAILS

As declared in our data base

Name: DAKSH TYAGI Age: 2Y Sex: M Mobile No: 8506031843

Barcodes/Sample_Type : Q4404010 (SWABS)
Labcode : 1710013522
Ref By : SELF
Sample_Type/Tests : SWABS:COVID-19
Sample Collected At : SECTOR51 HOSHIYARPUR NOIDA GAUTAM BUDDHA NAGAR UTTAR
PRADESH - 201301
Sample Collected on (SCT) : 17 Oct 2020 15:03
Report Released on (RRT) : 18 Oct 2020 03:53

Thyrocare, D-37/1, MIDC, Turbhe, Navi Mumbai - 400703. | Phone: 022 - 67123400 | www.thyrocare.com | info@thyrocare.com

REDMI NOTE 6 PRO
MI DUAL CAMERA



ब.रो.वि. कार्ड
O.P.D. Card

दृष्टि



For regular visits & for all eye & vision

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आयु० सं०, नई दिल्ली - ११००२९
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

आचार्य प्रदीप शर्मा का एकक
Prof. Pradeep Sharma's Unit

यु एच आई डी संख्या
UHID No.

रोगी का नाम Name of the patient	पुरु/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Daksh		M	25	

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

उपचार Treatment

19/10/20

Consent for EVA

मैं अपने बच्चे की दृष्टि व जांच करने
की अनुमति देता / देती हूँ। मुझे इससे
जुड़े हुए खतरे के बारे में बात किया
गया है

for Relative (MOTHER)
ASHU

Doctor
Dr. Himanshu

patient is not coming from contactlens

Zone -

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं



REDMI NOTE 6 PRO
MI DUAL CAMERA

2020/10/19 10:14

~~last~~ Total cycle of chemo - 3
 last date of chemo - 28 Sept 20
 last date of EVA - 20/7/20

→ EVA done & sent 5



MPE
 5/10 best corrected
 visual acuity.
 Margins of ON
 is fine

(RE)

WNL

(LE)

Enucleated, fundus (u), conjunctiva healthy,
 Implant intact

(R) E/D Mycin ^{ODD} TDS x 5 days
 F/U after 3 months

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
 इनकी पुर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind. Take full care of them
 So that they can take care of you

5/11/2020



कैंसर अस्पताल
Cancer Hospital
HOSPITAL
सर्वोपयोगी
HOSPITAL PREMISES


OPINION

REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000
REGISTRATION NO. 1000000000000000



5/11/20
10

Particulars

Sl. No.	Particulars	Amount
1	5/11/2020 1. 75 mg of 5-FU x 5 days	7500
2	2. Folic acid 5mg x 3 days	1500
3	3. Fv with anal m	1500
 11. 75 mg of 5-FU x 5 days 2. Folic acid 5mg x 3 days 3. Fv with anal m		

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26583444, www.orbo.org Helpline - 1080 (24 hrs service)

It is also possible to provide the facility for organ donation. The facility is available for outstation patients.

8/10/2020

DE

1. T DECOMAY living 0.5 x 1 day - 5 hours

2. Inj VCA 0.75 mg 10/1

MITOXANTHINE

3. Inj 20 mg 4 mg 10/1

4. IT-MTX 12 mg x 1 day

5. Inj. ibuprofen - (9/10)

(2/10) (15)

6. Fu with CBC on 15/10/2020

Sameer Salim

10/10/2020

15/10/2020

Inj VLA 0.75 mg 10/1

Inj ibuprofen 500 mg 10/1

Inj G-CSF 75 mg 5/1

back to clinic with CBC on 22/10

Sameer Salim



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute
er Hospital
PITAL

OPR-4

Reg. No. _____
Date of Birth _____
Sex _____

Dr. B.R. Ambedkar Institute
Cancer Hospital
PITAL
MUMBAI

OPR-4
L.P. No. _____
Date of Birth _____

Reg. No. _____

MB

Reg. No. _____

Reg. No. _____

22/10/2024

CANCER

CANCER
22/10/20
Sahu
Dr.

1. Inj VCR 0.6mg IVP
 2. Inj Carboplatin 225mg in 105ml D₅
 3. Inj YF-16 125mg in 105ml D₅
 4. Inj Zofen 4mg IVP
 5. Inj Dexam 4mg IVP
 6. Inj Zofen 1mg → × 3 days
 7. E/u 2 CBC + LFT/KFT on 12/11/2024
- Sauveer Sahu

अपमान जीवन वा बहुमुख उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIMS, 26583360, 26593444, www.orbo.org Helpline - 1068 (24 hrs service)

एक से अधिक डॉक्टरों की विशेष सेवाएँ हैं। Organ donation facility is available for outpatient patients

New Sheela Path Lab

An ultra modern fully computerised path lab

Main Market G/flat, Near Sheela Market, Opp. Ganesh Medical Store, Sec- 32, Rishi G.N. Nagar (N.P.) 201301

Timings :- 8.30 A.M. to 9.30 P.M. • 24x7 Hours Services

LAB REPORT

Patient Name : MAST, DAKSHI	Registration ID: 39406
Age/Sex : 13 Years/M	Sample Received : 21/10/2020
Ref By Dr : SELF	Reporting Date : 21/10/2020
	Printing Date : 21/10/2020

HAEMATOTOLOGY

Test Description	Value	Unit	Normal Range
Complete Blood Count (CBC+ESR)			
Hemoglobin (Hb)	11.6	gm% gm%	Female (11.5-15.5) Male (12.5-17.5)
T.L.C (Total Leucocytes Count)	6,300	/cumm	(4,000-11,000)
D.L.C (Differential) Leucocytes Count			
Neutrophils	29	%	(50-70)
Lymphocytes	60	%	(20-40)
Eosinophils	06	%	(1-6)
Monocytes	05	%	(2-8)
Basophils	00	%	(<1)
Platelets Count	3.02	lac/cumm	(1.5-4.5)
ESR (Red Blood Cell Count)	4.31	ml/h/cumm	(3.8-5.5)
PCV (Packed Cell Volume)	38.1	%	(37-55)
MCV (Mean Corp Volume)	83.8	fL	(80-96)
MCH (Mean Corp Hb)	26.5	pg	(26-34)
MCHC (Mean Corp Hb Conc)	32.1	%	(32-36)

INTERPRETATION

- ESR is index of the presence of the entire class of many types. Aching ESR suggest a progressive disease.
- Eosinophil - In acute infections, allergic, parasitic, rejection of foreign, primary, non-infective diseases, multiple myeloma, by lymphoblast.
- Decrease - In polycythemia, congestive heart failure.

End of report


DR. SRINIVAS
 MBBS, MD (P), DRC (P)
 Consultant Pathologist

Facilities Available :- Fully Computerized Lab With Autoanalyzer

• Pathology • Immunology • Biochemistry • Microbiology

• In case of any Doubt Regarding Reports, Please Contact personally on Phone.

Not for medico legal purpose

Home Collection Facility Available : 9899571005, 9999262551



New Sheela Path Lab

An ultra modern fully computerised path lab

Main Market Gidder, Near Elm Road, Opp. Dargah Mehar Das, Sec- 51, Block G B, Kirti P.J. BHOPAL

Timings - 8:30 A.M. to 9:30 P.M. • 24x7 Hours Services

LAB REPORT

Patient Name : (MAST, DAKSH)	Registration ID: 39406
Age/Sex : 3 Years/M	Sample Received : 21/10/2020
Ref By Dr : SELF	Reporting Date : 21/10/2020
	Printing Date : 21/10/2020

BIO-CHEMISTRY

Test Descriptions	Value	Unit	Normal Range
-------------------	-------	------	--------------

LIVER FUNCTION TEST - (LFT)

Serum Bilirubin			
Bilirubin Total <small>Rate Method</small>	0.38	mg/dl	0.1-1.2
Bilirubin Direct <small>Rate Method</small>	0.18	mg/dl	0-0.3
Bilirubin Indirect <small>Calculated Method</small>	0.20	mg/dl	0.1-2.0
SGOT (AST) <small>IFCC Method</small>	54.4	U/L	0-35
SGPT (ALT) <small>IFCC Method</small>	31.4	U/L	0-45
Alkaline Phosphatase <small>Two Calcium Buffer Method</small>	328.0	U/L	60-270 Child- 54-380
Total Protein <small>Bromocresol Method</small>	7.3	gm/dl	6.1-7.5
Albumin <small>alk dye Method</small>	4.6	gm/dl	3.5-5.2
Globulin <small>Calculated Method</small>	2.7	gm/dl	2.2-3.3

INTERPRETATION - Total and Direct Bilirubin measurement is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney disease with an increase of total bilirubin. Most cirrhotic cases show elevated serum of all liver and renal enzymes. Any of yellow eyes are observed the serum of all liver enzymes is suggestive to the severity of disease. Elevation of alkaline phosphatase is seen in growth in young in hepatic biliary obstruction, hyperparathyroidism, skeletal osteoporosis, osteitis, metastases and bone disease. Hypoalbuminemia is found in any liver or kidney impairment, nephrotic, intestinal disease, chronic inflammation, malnutrition, state of stress, renal insufficiency and pregnancy.

-----end of report-----


DR. ANAND
 MBBS, MD, DPM
 Consultant Pathologist

Facilities Available : • Fully Computerised Lab With Autosampler
 • Pathology • Immunology • Biochemistry • Microbiology
 • In case of any Doubt Regarding Reports, Please Contact personally or Phone