

तार का प्रता - "मेडिनिस्ट"
TELEGRAM - "MEDINST"

दूरभाष : २६५८८५००, २६५८८७००, २६५८६६००
Telephones : 26588500, 26588700, 26589900



अखिल भारतीय आयुर्वि
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अन्सारी नगर, नई दिल्ली-११००२९
ANSARI NAGAR, NEW DELHI



संदर्भ सं / Ref. No.

**ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN**

दिनांक / Date

This is to certify that Shri/Ms. Ritesh Age 3 yrs Gender Male
S/o, D/o, W/o Ghalesh Kumar is getting treatment under Dr. Radhika Pandon Dept.
Wide registration no. 20210050003979 UHID No. 105328058

is suffering from Retinoblastoma

He/She has been advised for Medicine/Surgery/Surgical items/procedure/package and the approximate

Cost of the total treatment is amount to Rs 77,150/-

(in words) Rupees Sixty three thousand eight hundred & seventy seven thousand one hundred & fifty only

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

	Cost in Rs. (for 1 cycle)
1. Inj. Omnipaque	₹ 1000
2. Inj. Nimodipine	₹ 1000
3. Inj. Melphalan 50 mg/10ml	₹ 2500
4. Inj. Topotecan 2.5 mg/2.5ml	₹ 4000
5. Inj. Carboplatin 150 mg/15ml	₹ 1000
6. Miraj Hybrid 0.08	₹ 28,300
7. Marathan	₹ 28,000
8. PMD line - 2 200	
9. ECG electrodes - 2 20	
10. IV infusion set (B. Braun)	

TOTAL COST: Rs. 77,150/-

Note:-

- # This Estimate certificate is being issued to avail financial assistance for treatment only.
- # The said estimate certificate is valid and applicable for avail financial assistance from Rastriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State Illness assistance fund, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), MP local area development fund, CM relief fund, and fund from other sources.
- # This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI
- # The Cheaque is to be issued in favor of "Director AIIMS, New Delhi".

11. Percutaneous arterial sheath

12. Short connecting tube SF 3way - ₹ 1000
- ₹ 50

13. Long connecting tube 3ways - ₹ 50

14. Medicut) Puncture needle - ₹ 80
214 - ₹ 50

15. Exchange guidewire (TERMO) 150cm 0.032 angled - ₹ 1500

16. Double large bore Y connector (MERIT) - ₹ 100

17. ENVOY - SF - ₹ 11,300/-

(Name & Signature of Consultant with Stamp)

8853332542

ब० रो० वि० कार्ड O.P.D. Card



अनुभाग व दिन
Section and Day
सोमवार व बृहस्पतिवार
Monday & Thursday

कमरा नंबर
Cabin No.

डा०
अ०
Dr.
A.I.
यू०
UI

DR. RAJENDRA PRASAD ...

UHD: 1082/8058
Dept. No: 20210050003970
RTTESH
SHALESH KUMAR

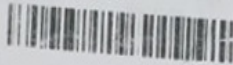
25/01/2021
RPC OPD-Dr. Dr. SR/JR
UNDER UNIT-1 R.16
Unit-1 MON, THU
Room No.: 20

एकक
nit

प्रायु
age

पता
Address

Address: PPLA BAZAR MAHARAJA GANI, UTTAR PRADESH, INDIA



दिनांक DATE	निदान DIAGNOSIS
	उपचार Treatment
<p>anx / do not follow up</p> <p>□ TO ○ □</p>	<p>Ch B/E Leucocytoria x 2 months.</p> <p>o/e (C) (C)</p> <p>(136) B6 usq for P/B No RB } Sfo RB- man i cut 7</p> <p>Room (32) wed (Sat) Dr. Loni Sm opmer (1A) Dr Nimmy please Date for EUA</p>

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 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

दिनांक - Date

उपचार - Treatment

FC CE MRI

- Brain & orbit, Axial / Coronal / Sagittal sections & 2mm cuts. Pituitary gland

113

Com kids please help

Sister Sophie please

e/s/B srmnt 6 (Or Nimg)

B/e RB

28/1/2021

Fluor MRI 27/1/2021

#344, 99M

99M

Adv

← Old staging EVA

Date for staging EVA

10:00am

28/1/2021

- Pedr oncology for Systemic chemotherapy

wed/sat

9/10/19

old RAK OPD

5/2/2021
San

Conj R

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है। इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।
Eyes are God's most precious gift to man kind and eye donation is the most noble deed.
Take full care of them so that they can take care of you.

9289066700

UNIT: 10338058
 Name: VIKAS KUMAR
 Age, Sex: 3 years / Males / Male
 Ward Name: 1A
 Address: 10338058, LITARA ROAD, DELHI, INDIA
 Mobile No: 883337542
 Date of Admission: 14/04/2021 11:38:57 AM
 Date of Discharge: 17/04/2021 08:07:00 AM

Cr No: 4 010375 21
 Department: R & Centre (Eye Centre)
 Unit: Unit-VI
 Bed No: 172

Drug Allergy, if any :-

ICD Code: A25.2
 ICD Description: Infect monos - Retina

Diagnosis: R: CHOROIORETINOPATHY
 L: CHOROIORETINOPATHY

Investigation: SYSTEMIC: BUNESS

Ocular: VA: R: FOLLOWS LIGHT
 L: DOESN'T FOLLOW LIGHT

Treatment / Operative Procedure:

Surgeon: DR. V. K. A.
 Date: 17/04/2021

Surgery: L: ENUCLEATION WITH PRIMARY TAMPONADE UNDER GA UNDER NVP

Condition of Discharge:

Anterior Seg: WOUND OPEN
 WOUND CLOSED
 Conformer and implant in-situ

IOP: Posterior Seg.

Advice During Discharge:

Dr: SYMBIOTICS 1/2 SP. NOS
 SYMBIOTICS 2 ML. DS (2/3 ML. DS)
 SYMBIOTICS 1/2 SP. NOS } X 5 days
 WITH DR. V. K. A. IN OPD ROOM NO. 35A ON 24/04/2021 AT 9 AM

Topical: 1/3 ML. DEX QID
 Position: 1/3 TR. DROPS QID

→ Refer to Peds. oncology Room 7/10/14
 Dr. Rachna Seth / Dr. Jagdish / Dr. Aditya for 2 more cycles of Chem.

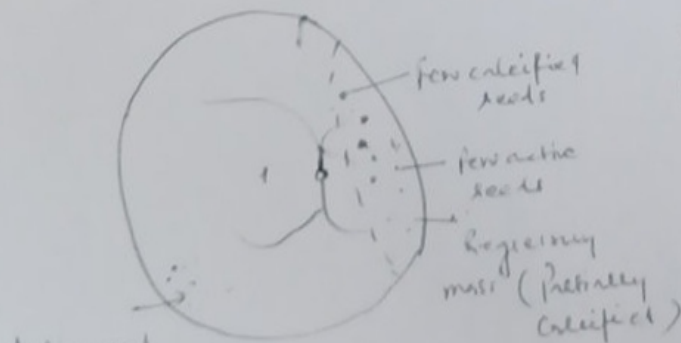
PDA done

Prepared By: Dr. Aarush Ophthalmology

Signature Of Senior Registrar

Date & Time

- Intraop:-
- 1) (L) Group E RB
 - 2) Implant size 18mm
 - 3) Optic Nerve Stalk 5mm



Regressing of Group D RB
 Responding well to other things

17-04-2021

Histopathology Report

Duplia

Ocular Pathology

Dr. Rajendra Prasad Centre for Ophthalmic Sciences

All India Institute of Medical Sciences

Ansari Nagar, New Delhi - 110029, India

Name of the Patient: Ritesh

Lab Reference No. : 21-303

Age : 3 Years Sex : Male

Received on : 16/4/2021

PHID No. : 105328058

Date of Report : 22/4/2021

Ward IA

Bed No. : 120

Unit Incharge : Prof. Tandon.

Nature of the Material Submitted : Enucleation.

- Report :
- Enucleated left eyeball.
 - Poorly differentiated retinoblastoma, left side (LTD 8mm), post chemotherapy.
 - Tumour shows focal calcification and focal uveal pigment laden macrophages.
 - All ocular structures including iris, ciliary body, choroid and optic nerve including its resected margin are free of tumour.

Reported By

Consultant : Dr. Seema Sen



Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New Delhi, 110029

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UHID : 105328058
Name: Mr RITESH RITESH
Age/Sex: 3 years 7 mons 16 days / Male
Ward Name: 1A
Address: PIPLABAZARMAHARAJAGANJ, UTTAR PRADESH, INDIA
Mobile No: 8853337542
Date of Admission: 08/09/2021 12:56:44 PM
Date of Discharge: 11/09/2021 12:55:00 PM

Cr No: R-019029-21
Department: R. P. Centre (Eye Centre)
Unit: Unit-VI
Bed No.: 122

Drug Allergy, if any :- []

ICD Code: .C69
ICD Description: Malignant neoplasm of eye and adnexa

Diagnosis
RE GROUP D RB
LF ENUCLEATED FOR GROUP E RB

Investigation
Systemic: RECEIVED 6 CYCLES OF CHEMOTHERAPY
Ocular: .VA RE FOLLOWS OBJECT CARDIFF 6/19
IP DIGITALLY NORMAL
RE VER 22.2 UM 89MS
RE USG FOR PSE - INTRAOCCULAR MASS LESION WITH CALCIFICATION

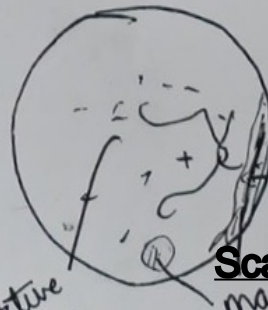
Treatment/Operative Procedure
Surgeon: DR NAVNEET
Date: 10/09/2021
Surgery: RE EUA - INTRAVITREAL TOPOTECAN 0.1ML UNDER GA.

Condition at Discharge
Vision: RE follows object
Anterior Seg: RE congestion temporarily
Pupil: RE, circular, lens appears
IOP: RE Dig 2
Posterior Seg: RE glow 4

Advice During Discharge
Oral: SYP PARACETAMOL 3ML BD FOR 2 DAYS
Follow Up: URGENT ICRH CONSULTATION FOR
Triple regimen IAC
cater sophie pl coordinate
Urgent ICRH consultation for triple regimen IAC cater sophie pl coordinate
Topical: RE S/D MOXI-KT 4 T/D
E/D TEARDROP 4 T/D
Position: [] - KA

115

Plc in OPD 32 on Wed/Sat at 9:00am.



Prepared By: Dr. Arush Ophthalmology
Signature Of Senior Resident

Date: & Time

पात्रता सूची का पूर्ण विवरण

क्र.सं.	सदस्य का नाम	लिंग	धारक से सम्बन्ध	सदस्यों का पूर्ण विवरण	सिखा का नाम
1.	डिजिटाइज्ड राशन कार्ड संख्या				
2.	कार्ड का प्रकार				
3.	दुकानदार का नाम				
4.	दुकान संख्या				
5.	धारक का नाम				
6.	धारक के पिता/पति का नाम				
7.	धारक की माता का नाम				
8.	सदस्यों की कुल संख्या				
1.	इंदु/INDOO	महिला	स्वयं		पुर्नवासी/PURNVASI
2.	शैलेश/SHAILESH	पुरुष	सौहर / पति		नो/NO

मेरे बोलेश मेरा, बेटा रितेश
उम्र उसाल जिसका इलाज नई दिल्ली
AIMS-25-01-2021 से चल रहा है।
मेरे बेटे रितेश की बाई आँख में ट्यूमर
हो जाने के कारण उस आँख को डॉक्टर
ने निकाल दिया है
मैं ग्राम-पिपरा-बाजार थाना-कोल्होई बाजार
जिला-महराजगंज, U.P. का रहने
वाला हूँ।

मैं बहुत गरीब हूँ, और लेबर मजदूरी
का काम करता हूँ मेरा वार्षिक आय
₹ 20000 है। मेरे बेटे रितेश की दूसरी
आँख में ट्यूमर का इन्फेक्शन हो
गया है। और उसकी दूसरी दाहिना
आँख बचाने के लिए डॉक्टर ने IAC पलान
किया है, जिसका किमत बहुत ज्यादा है
मैं इतना किमत नहीं दे सकता
मेरे बेटे रितेश की दूसरी दाहिना आँख
बचाने के लिए मुझे आपकी
आर्थिक सहायता चाहिए।

धन्यवाद

बोलेश कुमार
इन्दू देवी

M.b. 8853337542

US w/A

Liver @

GB contracted (pt not fasting)

Report: CBD, PV @

pancreas - obscured.

spleen, B/C kidneys @

UB partially distended

no ascites

No dilated bowel loops

⇒ Normal study

Dr. 

Sign. of Radiologist / Date :

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Ritesh Age/Sex : 3yr Ref. Deptt./Unit : Peds Date : 22/11/21

Indoor (Bed No.) / Outdoor / Casualty UHID No. : LMP :

Examination Required :

105328058

Clinical History and Examination :

o/o - not passed stoolx 7 day

USG Abd.

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

Rom
SR

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with/without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : _____

Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS : _____

Sign. of Radiographer :



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UHID No:105328058

आपातकालीन नं. (Emergency No): 2021/030/0100654

दिनांक DATE: 20/11/2021

समय TIME: 12:09:50 PM

NON-MLC

नाम NAME: MR RITESH RITESH

आयु AGE: 3 years 9 months 26 days

लिंग/SEX: M

S/O: SHAALIKUMAR

पता ADDRESS: मकान संख्या H NO: PIPLABAZARMAHARAJAGANJ

गली मुहल्ला STREET/ MOH

पिन PIN

दूरभाष सं. PHONE NO: 8853337542

स्थान Location: Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative: FATHER

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min SpO2 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

Last chemo 14/11/21

Plv. 7 @ Sp. 10 BS / @ JFE
BS (N/E IVAS)

Primary Assessment (ABCDE): Assessment Pentagon

Very come - 4.

no fever today
(bt wot ulent 2 days)

<p>Airway</p> <p>Open & stable: Yes No If No:</p> <p>Breathing: RR 24/min Effort: Normal/Poor/increased</p> <p>Auscultation: Air entry: Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air: 98%</p>	<p>Circulation</p> <p>HR 110/min</p> <p>CFT: 1.5 secs.</p> <p>BP: 105/68 mmHg</p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others:</p>	<p>Disability</p> <p>GCS: 15/15</p> <p>Pupil size: 2.5 mm</p> <p>Pupillary Reactions: 2/2</p> <p>Motor activity Normal & Symmetrical/Asymmetrical Posturing/Flaccidity/Seizure</p> <p>Blood Sugar: mg/dl</p> <p>Exposure: Temp: Colour: Normal/pallor/cyanosis/mottled</p> <p>Any other skin lesions:</p>
--	--	--

Diagnosis

(2) 100
low chemo given on 14/11/21

11.2 > 2400 < 1.96L
1490

Send for SPO for its Prothrombin / Thrombogram
Calc

DIOMETER ABL800 FLEX

EMERGENCY 01:25 PM 11/20/2021
 REPORT Syringe - S 250uL Sample # 38058

Identifications

Patient ID 105326058
 Patient Last Name RITESH
 Patient First Name
 Age 3 years
 Sex Male
 Sample type Venous
 FO₂(I) 21.0 %
 T 37.0 °C
 Department (Pat)

Blood Gas Values

pH 7.406
 pCO₂ 45.9 mmHg
 pO₂ 26.9 mmHg

Temperature Corrected Values

pH(T) 7.406
 pCO₂(T) 45.9 mmHg
 pO₂(T) 26.9 mmHg

Oximetry Values

cHb 14.5 g/dL
 sO₂ 42.9 %
 FO₂Hb 41.2 %
 FMetHb 2.9 %
 FCOHb 1.1 %
 FHHb 54.8 %

Electrolyte Values

cNa⁺ 121 mmol/L
 cK⁺ 3.5 mmol/L
 cCa²⁺ 0.99 mmol/L
 cCl⁻ 100 mmol/L

Metabolite Values

cGlu 105 mg/dL
 cLac 2.3 mmol/L
 ? cCrea mg/dL

Acid Base Status

cHCO₃⁻(P)_c 28.3 mmol/L
 sBE_c 3.9 mmol/L

Calculated Values

AnionGap_c -7.3 mmol/L
 AnionGap_cK⁺ -3.8 mmol/L
 cCa²⁺(7.4)_c 1.00 mmol/L
 ctCO₂(P)_c 66.5 Vol%
 mOsm_c 247.2 mmol/kg
 cH⁺_c 39.3 nmol/L

Notes

Value(s) below the reportable range
 Calculated value(s)
 cCrea 0094 Value below the reportable range < 0.11
 cCrea 0210 Calibration error(s) present

CINE

Val

Collection Date

Physician

First Name

Gender

Male

Flags and Alarms

Morphology Flags
 MN, LIC

Remarks

RBC of the Run 20/11/
 WBC of the Run 20/11/
 PLT of the Run 20/11/
 DIFF of the Run 20/11/

Report Printout

Validated

13:47:04	Sample ID AUTO_SID87	Collection Date
	Department	Physician
Patient ID 165328058	Patient Name RITESH	First Name
Date of Birth	Age 3Y	Gender Male
Comments		
Operator	Technician	

				Flags and Alarms
RBC	4.07		10 ⁶ /mm ³	Morphology Flags MN, LIC Remarks RBC of the Run 20/11/2021 13:47:02 WBC of the Run 20/11/2021 13:47:02 PLT of the Run 20/11/2021 13:47:02 DIFF of the Run 20/11/2021 13:47:02
HGB	11.2		g/dL	
HCT	34.1		%	
MCV	84		μm ³	
MCH	27.5		pg	
MCHC	32.9		g/dL	
RDWcv	14.6		%	
RDWsd	44		μm ³	
PLT	196		10 ³ /mm ³	
MPV	9.1		μm ³	
WBC	2.4	L	10 ³ /mm ³	
	%		#	
NEU	—		—	
LYM	37.1		0.91	L
MON	—		—	
EOS	15.9		0.39	
BAS	0.9		0.02	
ALY	0.9		0.02	
LIC	7.6	IH	0.17	

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

तारीख DATE 20/11/21
समय 8 बजे प्रातः
Time 8 A.M. every morning

प्रविष्टियां मिली. में

Ritesh / 3 yrs / Male
1053 > 8058

All entries to be made in ml. (milli liters)

TIME PREVIOUS DAY TIME	INTAKE				OUTPUT			OTHERS	
	ORAL		I.V.		OTHERS		URINE		SUCTION
	Type	Qty.	Type	Qty.	Type	Qty.			
8 A.M.									
9									
10									
11									
12 Noon									
1 P.M.									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
Midnight									
1 A.M.									
2									
3									
4									
5									
6									
7									
TOTAL									

3:30 pm
M₂ DS-1.
(1:100) x 10⁶ ✓
[100 + 100 + 50]
infused

Urine passed

ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Rishabh AGE 3y SEX MF DATE 11/11/21
ECHO No. 1872/21 CV No. _____ UHID No. 105322058 C.R. No. _____
HEIGHT _____ cm WEIGHT 10 kg. BSA _____ m² Ref. Physician Dr. S. S. S. S.
Referring Diagnosis _____
Quality of Imaging Poor/Adequate/Good Done by Dr. Chandan Checked by Dr. _____

MITRAL VALVE

Morphology AML Normal/Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming
PML Normal/ Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/ Absent Score _____
Doppler Normal / Abnormal
Mitral stenosis Present / Absent RR interval _____ msec
EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/ Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming
Doppler Normal/ Abnormal
Tricuspid stenosis Present/Absent RR interval _____ msec
EDG _____ mmHg MDG _____ mmHg
Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
Valocity _____ m/sec Pred. RSVP-RAP+ _____ mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Dorning/Vegetation
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level _____
PSG _____ mmHg Pulmonary annulus _____ mm
Pulmonary regulation Present/Absent
Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology Normal/ Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
Doppler Normal/ Abnormal
Aortic stenosis Present/Absent Level _____
PSG _____ mm Hg Aortic annulus _____ mm

Measurements

Normal Values

Normal Values

Aorta	10	(21-22mm/m ²)	LA es	15	(21-22 mm/m ²)
LV es	17	(15-19mm/m ²)	LV ed	26	(19-32 mm/m ²)
IVS ed		(06-10mm)	PW(LV)ed		(07-11mm)
RV ed		(4-14mm/m ²)	RV Anterior wall		(upto 5mm)
EF	60%	(62-80%)			
IVS Motion		Normal/Flat/Paradoxical			
IAS					

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy Contraction Normal/Reduced
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

SS / LC / AV-VA concordance / NRGH / 3PV → LA
 (N) syst w/out change / (L) asch

TEE

values (N)

NO RWMA

NO clot / PE / vegetation

DIAGNOSIS

(N) LW systolic function

Final Impression

(N) study

Resident

Consultant

started Adv: 3:30pm
 give 2:30pm
 15% vsc
 600
 200 cc's

LRF (N/S) $(100 + 100 + 50)$ 250 ml
 Pipette 1.2 gm
 Ly: Ammonium 120 mg 1/2 on

RR-repro
 - leads over SA ~ M-

Notes in Quico copy

11.2 | 2400 | 1.96
 L 37.1 M - E 15.9 B 0.9
 N ~ 50%

5:15pm

RR-24/min
 PR-126/min
 (P) volume
 NO RD

Chest x/c conducted sound (+)
 left sided crackles (+)

Adv

iv antibiotics from Cantan depart to Cant;
 R/V in day care tomorrow morning
 bl



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Medical Social Service Unit, Phone:- 011-26593092,26593027

URID	105328058		
Patient's Name	RETESH		
S/D/W/of	SHALLES KUMAR		
Age	3Y	Sex	M
Address	PEPRA BAJAR, MAHARAJ GANJ UP		
State	UP		
Contact No:	8853337542		
Card Status/REPLACEMENT		Card No :	
Family Income	9000/-		
Source of Income	MASON		
Diagnosis	RB (CANCER)		
Treating Doctor	DR. WME		
Treatment Required	Artificial Eye		
Expenditure Estimated	17,000/-		
Assistance required for Surgical Item/Medicines/Spect./Lense.	Artificial Eye		
Remarks	- Patient not afford money for artificial eye - Patient is very poor		

Enclosures:-

1. OPD Card(Treatment Card)	2. Estimate	3. Identity Proof
------------------------------	-------------	-------------------

Applicant's Name RETESH
Relation With Patient FATHER

Funding Agency /Donor Name..... CHILD HELPING HAND
NGO

डॉ. निवेते लो-पे / Dr. NEIWETE LOMI
सहायक आचार्य / Assistant Professor
डॉ. राजेन्द्र प्रसाद केन्द्र विक्रम केंद्र
Dr. J. P. Centre for Ophthalmic Sciences
आ. नगर / A.I.I.M.S., New Delhi-29

6/9/2021

8853337542

ब० रो० वि० कार्ड O.P.D. Card

दृष्टि



अनुभाग व दिन
Section and Day
सामवार व बृहस्पतिवार
Monday & Thursday

कमरा नंबर
Cabin No.

डॉ०
अ०
Dr.
A.I.
यू०
UI

UID: 1087 8058
UPI No: 2021005000397
RITESH
SHALESH KUMAR

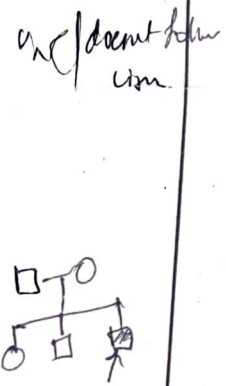
01/01/2021
RIP OPD-Dr. De. SR/JR
UNDER UNIT-1 R. 16
Unit 1
Room No: 20
MAHARAJA GANI, UTTAR PRADESH INDIA



एक
nit

पता
Address

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
		<p>Cholera x 2 months</p> <p>o/e (E) (C)</p> <p>Blk usg for PJB No RB</p> <p>S/O RB - man i ent 7</p> <p>Room (32) wed (Sat)</p> <p>Dr. Lomi Sin Gupta</p> <p>(1A) Dr. Nimmy please Date for ECT</p>



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.

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting

दिनांक - Date

उपचार - Treatment

10 (1 MRI) - Exam & report, April/6
Nagpat Action - please give
to Dr. C. S. - my and
for

115 Com Kids please help
Sister Sophie please

e/s/B srmt 6
(Or Nam)
B/c RB -

Flu MRI 27/1/2021
#344, 99M

9M

Adv 28/1/2021

Date for staging EVA

10:00am
28/1/2021

← Old staging EVA
- Pedr oncology for
Systemic chemother

5/2/2021
8M

wed sat 2/10/19 old RAKOPD

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।
Eyes are God's most precious gift to man kind and eye donation is the most noble deed.
Take full care of them so that they can take care of you.

Coni R

9289066700

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

कृपित



नेत्र अस्पताल स्वच्छ है
जो आप ही देख सकते हैं।

अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

यु एच आई डी संख्या
UHID No.

05328058

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Ritesh	3yr/M			
दिनांक DATE	निदान DIAGNOSIS			

उपचार Treatment

31/7/2024

last check

28/7/2024

DF SAA
20/ Aug 2024 - OT surgery
- 20m. solid
4am liquid

RTPCR

18/Aug/2024

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.

१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं

088 8853339542

Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New Delhi, 110029
Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

Age	31 YRS 08	Cr. No.	1921221
Sex	M	Department	OPHTHALMOLOGY
Address	10/11/1992	Unit	OPHTHALMOLOGY
State of Residence	INDIA	Bed No.	101
Date of Discharge	17/04/2021 11:18:57 AM	Drug Allergy, if any	
ICD Code			
ICD Description			
Diagnosis	GROUP D RETINOBLASTOMA PROLIFERATING AS OMA		
Investigation	SYSTEMIC		
Treatment/Operative Procedure	Ocular VA RE FOLLOWS LIGHT LE DOES NOT FOLLOW LIGHT		
Surgeon	Surgery ENUCLEATION WITH PRIMARY IMPLANT UNDER GA UNDER LVP		
Date	DR. NACHAR 17/04/2021	IOP	Posterior Seg.
Condition at Discharge	Anterior Seg. WOUND HEALED NO EVIDENCE OF TUMOR PRESENT Conformer and implant in situ.		
Advice During Discharge	Oral SPRIBUSOLIS 1/2 TSP SOS SYNALCOPRIN 2 ML TDS (225 MG/ML) SYN DOLAL 1/2 SP TDS WITH DR. NACHAR IN OPD ROOM NO 35A ON 24/04/2021 AT 6 AM } X5 days		
Follow up	Topical 1% TAD MULTIOXEX QID 1% DOPREX QID		

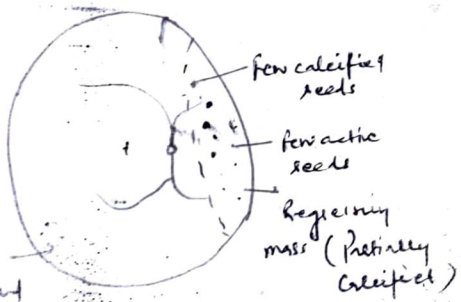
Received 2 cycles of chemo last on 3/3/21 N: EBRT/IAC/ Intra vitreal.

→ Refer to Paeds. oncology Room 7/10/14
Dr. Nachar, Dr. Jagdish / Dr. Aditya for 2 more cycles of chemo.

PBA done

Prepared By: Dr. Aarush Chaturvedi
Signature Of Senior Resident
Date & Time

- Intrapapillary:
- 1) Group ERS
 - 2) Implant size 18mm.
 - 3) Optic Nerve stalk 5mm.



Regressing of Group D RB
(comprising well + chemotherapy)

मैं श्रीलेश कुमार मेरा बेटा का नाम रिशेश है

जिसका इलाज DELHI सागाड RPT से चल रहा है।

मैं ग्राम- पिपरा बाजार थाना- कोल्हुई बाजार जिला- महाराजगंज-
उत्तर- प्रदेश- का रहने वाला हूँ। मैं अत्यंत गरीब हूँ।

मेरे बेटे रिशेश की आँख में दूपसर था।

जिसका इलाज के दौरान उसका आँख निकाल दिया गया है।

मेरा वार्षिक आय 75,000 ₹ में लेबर मजदूरी का काम करता हूँ।

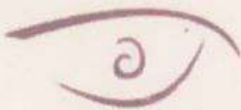
रिशेश की नकली आँख लगवानी हैं, जिसके लिए मुझे आर्थिक सहायता की आवश्यकता है।

कृपया मेरी मदद करें जिसके लिए मैं आपका सदा आभारी रहूँगा

धन्यवाद

- श्रीलेश कुमार

25/09/2024



Suvidha Eye Services

A Custom Made Artificial Eye Center

Ravikant Sharma

B.Opt., P.G.Dip. Orth. (A.M.U.)
Ocularist

Services Offered:

- Ocular Prosthesis

All type of ocular prosthesis like cosmetic eye, thin shell and hollow prosthesis.

- Orbital Prosthesis

Silicone, Spectacle retained orbital prosthesis.

- Prosthetic Contact Lenses

- Crutch Glasses

15/11/2021
15th of November 2021
Ravikant Sharma

To Whome it may concern

This is to certify that Mr. Ritesh
8/0 Mr. Shubesh Kumar Age - 39. m.
40 Piboa Bazar, Maharajpur U.P.
bearing UHID NO. 105328058 is
suffering for retinoblastoma and
under the treatment at R.P. Centre of
AIIMS. Now he needs one customised
ocular prosthesis which will cost amount
of INR. 17000/- Seventeen thousand

Kind regards,
For SUVIDHA EYE SERVICES

Ravikant Sharma
Ocularist & Anaplastologist

for

Suvidha Eye Services.

SUVIDHA EYE SERVICES

528, Site-1, Vikas Puri

New Delhi-110018 (9999345010)

528, Site-1 Vikas Puri, New Delhi-110018

Near Metro Pillar No.-623, M : +919999345010

www.artificialeyecentreindia.com, E-mail : sravikant1976