

उत्तराखण्ड लोक सेवको के लिये वार्षिक स्थानान्तरण अधिनियम-2017 के अनुपालन में प्रधान सहायक (वृत्तीय संवर्ग) के द्वारा अनुरोध के आधार पर प्राप्त आवेदन पत्र।

OK

### अनुरोध के आधार पर आवेदन करने का प्रारूप-2

क्र. सं.	नाम	पदनाम	वर्तमान कार्यालय का नाम	गृह जनपद/उपखण्ड का नाम	स्थानान्तरण हेतु 10 ऐच्छिक स्थान वरियता क्रम में	एक्ट की धारा जिसके अन्तर्गत अनुरोध किया गया है।		टिप्पणी
						7	8	
1	2	3	4	5	6	धारा के नाम के जांचे ✓ लगाये	प्रस्तुत साक्ष्यों का विवरण	9
1	श्री विनोद सिंह राणा	प्रधान सहायक	अधीक्षक अभियन्ता, पंचम वि०/याँ० वृत्त लो०नि०वि०, इस्लामाबाद	टिहरी मद्रवाल/जाखडीघाट	1- 8वाँ वृत्त लो०नि०वि०, टिहरी। 2- 11वाँ वि०/याँ० वृत्त लो०नि०वि०, देहरादून। 3- सिविल वृत्त लो०नि०वि०, हरिद्वार। 4- 9वाँ वृत्त लो०नि०वि०, देहरादून। 5- 10वाँ वृत्त लो०नि०वि०, देहरादून।	<input type="checkbox"/> धारा 17 (1) (ख) (एन) <input type="checkbox"/> धारा 17 (1) (ख) (ब) <input type="checkbox"/> धारा 17 (1) (ख) (ग) <input type="checkbox"/> धारा 17 (1) (ख) (द) <input type="checkbox"/> धारा 17 (1) (ख) (घ) <input type="checkbox"/> धारा 17 (1) (ख) (च) <input type="checkbox"/> धारा 17 (1) (ख) (ज) <input checked="" type="checkbox"/> धारा 17 (1) (घ) (स)	<p>महोदय प्रार्थी का स्थानान्तरण दुर्गम क्षेत्र टिहरी/याँ०/सुमन क्षेत्र 11वाँ वि०/याँ० वृत्त लो०नि०वि०, देहरादून में किया जाय है जो प्रार्थी को कोई आपत्ति नहीं होगी। महोदय यह भी अवगत कराना है कि प्रार्थी की पुत्री का विकिरण उपचार डिभासयन अस्पताल जी०सी०एन० देहरादून में प्राप्त है जिसका विकिरण प्रत्यापन पत्र संलग्न है।</p>	

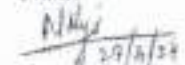
हस्ताक्षर



नाम- श्री विनोद सिंह राणा

पदनाम- प्रधान सहायक

हस्ताक्षर



नाम- निशान्त नेगी

पदनाम- प्रवर्ती अधीक्षक अभियन्ता



# हिमालयन अस्पताल Himalayan Hospital

(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)

Himalayan Institute of Medical Sciences  
SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN (UTTARAKHAND) INDIA  
Ph. +91-135-2471200, 2471300

## O.P.D. CARD

HIMALAYAN HOSPITAL  
SWAMI RAM NAGAR P.O. DOIWALA  
Reg Date: 04/07/2023  
Patient ID: 3488583  
Ms. Apeksha Rana  
D/O VINOD SINGH RANA  
VPO TIPRI TEHRI GARHWAL UTTARAKHAND INDIA  
19 Y 6 M 17 D/F  
Mobile- 9759731111

## KALPTARU QUALITY MEDICINE STORE

यहाँ पर सभी प्रकार की गुणवत्ता वाली दवाइयाँ उचित मूल्य पर उपलब्ध हैं।  
हिमालयन अस्पताल

"For Obstetric Ultrasonography personal identity proof is compulsory"  
गर्भवती महिलाओं की अल्ट्रासाउण्ड जाँच के लिए फोटो पहचान पत्र अनिवार्य है।

नोट:- दवा के दुष्प्रभाव की जानकारी चिकित्सक / नर्सिंग स्टाफ को अवश्य दें।  
अथवा फार्माकोलॉजी विभाग 0135-2471-328 में सम्पर्क करें।

कृपया डॉक्टर से ऑनलाइन परामर्श के लिए  
गूगल प्ले स्टोर से हिमसंजीवनी ऐप डाउनलोड करें।  
या वेब पोर्टल द्वारा <https://himsanjeevani.com/index.html>  
का उपयोग करें।



DATA AND TREATMENT

SRHU/FF/204

HIMALAYAN HOSPITAL  
 SWAMI RAM NAGAR P.O. DITWALA  
 Date: Jul 6 2023 11:10AM  
 Patient ID: 3405583  
 Anshika Rana  
 VINDO SINGH 1000  
 TIRRI TIRRI GARHWAL, UTTARANCHAL INDIA  
 Tel: 90500 00 00, PEDIATRICS UNIT 1  
 In: 9788731178

Handwritten notes in Hindi, including "जिन से जिन से" and "मजबूत" (strong).



Pain Score

CLINICAL DATA AND TREATMENT

Doctor Assessment

04/06/23

Brief History of Presenting Complaints:

UJ ALTA GUPTA  
 Professor

Department of Pediatrics  
 Himalayan Institute of Medical Sciences  
 Swami Ram Nagar, Dehradun-240140

c/o Seizures - G.TCS.

1st episode - 1 year back  
 2nd episode - last 3 days

Local Examination:

To Do  
 - S2 over at sleep  
 - Irritability of eye ball  
 - Brain

with Carbonated  
 Provisional Diagnosis/Differential

Created Post Natal. Vuramant

Investigation Advised:

Development  
 No-Consanguinity  
 No Family Hx

20230

CLINICAL DATA AND TREATMENT

Treatment: →

Vaccination - Vaccination of 12y done.

130 neurological deficit

Follow up Advice:

Admission  
Faint Report

Doctor's Name \_\_\_\_\_

Sign, Date & Time \_\_\_\_\_

In Case of

- 1.
- 2.
- 3.
- 4.

Contact Emergency- 0135-2471225

(2)

CLINICAL DATA AND TREATMENT

DATE

EEG - (N)

Hb - 12.3

RBC - 4.15

MRI (Brain) - (N)

TLC - 6.50

PC - 2.34 lakh

Fe - 81.5

DLC - Neut 4, Mg

Platelets - 33 0.3

Creat - 0.45

TFT : F.T<sub>3</sub> - 4.01

F.T<sub>4</sub> - 0.88

TSH - 2.45

Send Calcium - SPRAY INSECTICIDE <sup>pus</sup> puff in B/L NoC (MIDAZOLAM) (in case of S) TAB. VALPROATE (500mg) 1 tab

twice daily

- Efu after 1 month (Tue / Friday)

(3)

AD



Tomorrow sleep deprived

EEG @

8:30 AM

219 395 511 4-11

↓

AS

AS

Sleep deprived EEG

S/O Primary Gen.

Epilepsy

↓

AS

Wt: 48kg

BREVIPIL 50mg

○ — ○

(3W)

AS

AS

~~AS~~



# CLINICAL DATA AND TREATMENT

## Doctor Assessment:

### Brief History of Presenting Complaints:

C/S/O M (PUC) 1/2/2024

Epilepsy & seizure disorder  
on Regular medical care  
x 8 months

all: fair  
vitals maintained

### Local Examination:

no seizure episode since  
past 8-9 months

ax: fvs dg  
tone (N) in all 4 limbs  
Power s/c in all 4 limbs  
s/c DR knee ext(+)

### Provisional Diagnosis/Diagnosis:

Sp. Plantar flexion  
NO s/o meningoradiculopathy

### Investigation Advised:

ECG	NAD
PLA	
ALL	



CLINICAL DATA AND TREATMENT

Treatment

2 (19) 3/2011

ACT: 36.0 %

MCV: 90.60 fL

total RBC count: 397 million/mm<sup>3</sup>

RBC: 2.00 / uMM

Follow up Advice:

PCV: 36.0 %

MCV: 90.60 fL

ALUM: 94.30 pg

ALBUM: 32.5 fL

R/C: 2.01 CARB / uMM

DL: N51.5 L 3310 MR-UC

Doctor's Name \_\_\_\_\_

Sign, Date & Time \_\_\_\_\_

In Case of \_\_\_\_\_

1.

ACT:

(2)

7 TABS BREVIPIL 50mg - 10/11

3.

daily to continue

4.

PLU

Contact Emergency- 0135-2471225

2

SWP 18 NORM Bmi over daily

falling in the 2 weeks



~~18 NORM Bmi over daily  
 falling in the 2 weeks  
 SWP 18 NORM Bmi over daily~~



### MRI

UHID / IP NO	3486583 (242445)	RISNo./Status :	4786025/ /
Patient Name :	Ms. Apeksha Rana	Age/Gender :	10 Y 6 M 17 D/F
Referred By :	Dr. GUPTA ALPA	Ward/Bed No :	OPD
Bill Date/No :	04/07/2023 10:12AM/ OP24/170632	Scan Date :	
Report Date :	04/07/2023 4:49PM	Company Name:	SGHS under CGHS

**Clinical indication:** Seizure  
(as mentioned by the clinician in requisition slip)

### MRI HEAD

*Multiplanar MR imaging of the cranium was done on a 1.5 Tesla magnet using a dedicated head coil. T1, T2 weighted images were obtained in axial, sagittal and coronal planes using SE & GE sequences.*

Both the cerebral hemispheres demonstrate normal signal intensities.

Both cerebellar hemispheres and brainstem are normal.

Ventricular system and basal cisterns are normal.


Septum is in midline.

Sella and parasellar regions are normal.

**IMPRESSION** : Normal study.

Dr. Vaibhavi  
Junior Resident-II

Kindly consider the signed report. 4:30 PM

  
Dr. Mamta Goyal, MD  
Professor, (Rad.)  
mg/jg



SWAMI RAMA HIMALAYAN UNIVERSITY  
SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN - 248016  
NEUROSCIENCE LABORATORY

EEG REPORT

EEG NO. :- 357 PATIENT NAME :- *Apeksha*  
DATE OF TESTING :- 6-7-23 AGE / SEX :- 10/F  
OPD NO. :- 3486583 REFERRED BY DR. :- *Pedia*

1- INTRODUCTION :-

A- Reason for testing ----- Seizure / Unconsciousness / Headache or Any other  
B- Any Medicine Used -----  
C- Duration of EEG ----- *20 to 60 minutes*  
D- State ----- Awake / Sleep / Both

2- BACKGROUND ACTIVITY :-

A- Awake -----  
B- Sleep -----  
C- Impression ----- Abnormal / Normal

3- ABNORMALITY :-

A- Slowing	-----	Yes / No	Grade :-	I	II	III
B- Attenuation	-----	Yes / No				
C- Periodic Discharges	-----	Yes / No				
D- Dysrhythmia	-----	Yes / No	Grade :-	I	II	III

4- ACTIVATION PROCEDURE :-

A- Hyperventilation ----- Duration ----- Sec. Response - Well done/ Poorly done/ Not Done  
B- Photic Stimulation ----- Response ----- Well done/ Poorly done/ Not done  
C- Sleep Deprivation Record -----

5- FINAL IMPRESSION :- *Gen. Epileptic discharges*

6- ADVICE :-

*[Signature]*  
TECHNICIAN :-

*[Signature]*  
ELECTROENCEPHALOLOGIST :-



# Himalayan Institute of Medical Sciences

Himalayan Central Diagnostic & Research Laboratory

Swami Ram Nagar P.O. Jolly Grant Dehradun-248016

Tel +91-135-2471200, 2471300 Fax: 0135-2471317



<b>Patient Name</b>	Ms. Apeksha Rana	<b>Lab No</b>	4786025
<b>UHID/IP No</b>	3486583	<b>Sample Date</b>	04/07/2023 11:31AM
<b>Age/Gender</b>	10 Yrs 6 Mths 17 Days/Female	<b>Receiving Date</b>	04/07/2023 11:55AM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	04/07/2023 1:36PM
<b>Mob. No.</b>	9759731170	<b>Report Status</b>	Final
<b>Referred By</b>	Dr. GUPTA ALPA		



Manual Lab

## BIOCHEMISTRY INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
Sample: Serum <b>CREATININE</b> Enzymatic	0.45 L	mg/dL	0.60 - 1.20
Sample: Serum <b>IRON (FE)</b> TPTZ-no Deproteinization	81.50	µg/dl	60.00 - 180.00

--End Of Report--

04/07/2023 1:36 PM

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Swami Ram Nagar P.O. Jolly Grant Dehradun-248016

Tel +91-135-2471200, 2471300 Fax: 0135-2471317



**Patient Name** Ms. Apeksha Rana  
**UHID/IP No** 3486583  
**Age/Gender** 10 Yrs 6 Mths 17 Days/Female  
**Bed No/Ward** OPD  
**Mob. No.** 9759731170  
**Referred By** Dr. GUPTA, ALPA



**Lab No** 4786025  
**Sample Date** 04/07/2023 11:31AM  
**Receiving Date** 04/07/2023 12:01PM  
**Report Date** 04/07/2023 1:38PM  
**Report Status** Final

Manual Lab

## IMMUNOASSAY BIOCHEMISTRY INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
<b>THYROID PROFILE (FREE T3 + FREE T4 + TSH) CHEMILUMINESCENCE</b>			
Sample: Serum			
<b>FREE T3</b>			
Chemiluminescence	4.09 H	pg/mL	2.50 - 3.90
<b>FREE T4</b>			
Chemiluminescence	0.88	ng/dL	0.60 - 1.12
<b>TSH</b>			
Chemiluminescence	2.45	µIU/mL	0.38 - 5.33
Sample: Serum			
<b>FERRITIN</b>			
ENZYME LINKED FLUORESCENCE ASSAY	33.03	ng/mL	

**Interpretation:-**

Umbilical cord blood	: 30-276 ng/ml
Infants 0.5 month	: 90-628 ng/ml
Infants-1 month	: 144-399 ng/ml
Infants-2 months	: 87-430 ng/ml
Infants-4 months	: 37-223 ng/ml
Infants-6 months	: 19-142 ng/ml
Infants-9 months	: 14-103 ng/ml
Infants-12 months	: 1-99 ng/ml
Children-6 months-15yrs	: 7-142 ng/ml
Female-20-50 years	: 22-112 ng/ml
Male-20-50 years	: 34-310 ng/dl
Female-50 onwards	: 13-651 ng/ml
Male-50 onwards	: 4-665 ng/ml

--End Of Report--

04/07/2023 1:38 PM



# Himalayan Institute of Medical Sciences

Himalayan Central Diagnostic & Research Laboratory  
Swami Ram Nagar P.O. Jolly Grant Dehradun-248016  
Tel +91-135-2471200, 2471300 Fax: 0135-2471317



<b>Patient Name</b>	Ms. Apaksha Rana	<b>Lab No</b>	4786025
<b>UHID/IP No</b>	3486583	<b>Sample Date</b>	04/07/2023 11:31AM
<b>Age/Gender</b>	10 Yrs 6 Mths 17 Days/Female	<b>Receiving Date</b>	04/07/2023 12:00PM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	04/07/2023 12:41PM
<b>Mob. No.</b>	9759731170	<b>Report Status</b>	Final
<b>Referred By</b>	Dr. GUPTA ALPA	<b>Manual Lab</b>	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<b>COMPLETE HEMOGRAM (CBC PLATELET COUNT INDICES)</b>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN (HB%) Spectrophotometry	12.30	g/dL	12.00 - 16.00
TOTAL RBC COUNT Impedance count	<b>4.15 L</b>	million/cumm	4.20 - 5.40
TLC Optical count/Microscopy	6.50	thou./cumm	4.00 - 11.00
PCV (PACKED CELL VOLUME) Calculated	<b>37.60 L</b>	%	38.00 - 47.00
M.C.V. Impedance	90.70	fl	80.00 - 96.00
M.C.H. Calculated	29.70	pg	27.00 - 31.00
M.C.H.C. Calculated	32.80	g/dL	32.00 - 36.00
PLATELET COUNT Impedance count/Microscopy	234.00	thou./cumm	150.00 - 400.00
RDW Calculated	<b>17.40 H</b>	%	11.60 - 14.80
M.P.V. Impedance	8.9	fl	8 - 12
<b>Differential Leucocyte Count (DLC)</b>			
NEUTROPHIL Optical count/Microscopy	<b>47.40 L</b>	%	55.00 - 70.00
LYMPHOCYTE Optical count/Microscopy	<b>41.60 H</b>	%	20.00 - 40.00
MONOCYTE Optical count/Microscopy	<b>9.10 H</b>	%	2.00 - 5.00
EOSINOPHIL Optical count/Microscopy	1.70	%	0.00 - 6.00
BASOPHIL Optical count/Microscopy	0.20	%	0.00 - 1.00
ABSOLUTE NEUTROPHIL COUNT Calculated	3.10	thou./cumm	2.00 - 8.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	2.70	thou./cumm	1.00 - 5.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.100	thou./cumm	

0135-2471317

Himalayan Institute of Medical Sciences

Himalayan Central Diagnostic & Research Laboratory

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Tel +91-135-2471200, 2471300 Fax: 0135-2471317



Patient Name Ms. Apeksha Rana

UHID/IP No 3486583

Age/Gender 10 Yrs 6 Mths 17 Days/Female

Bed No/Ward OPD

Mob. No. 9759731170

Referred By Dr. GUPTA ALPA

Lab No 4786025

Sample Date 04/07/2023 11:31AM

Receiving Date 04/07/2023 12:00PM

Report Date 04/07/2023 12:41PM

Report Status Final



Manual Lab

ABSOLUTE MONOCYTE COUNT

Calculated

0.60

thou./cumm

0.20 - 1.00

ABSOLUTE BASOPHIL COUNT

Calculated

0.00 L

thou./cumm

0.02 - 0.10

--End Of Report--

04/07/2023 12:41 PM



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Himalayan Central Diagnostic & Research Laboratory  
Swami Ram Nagar P.O. Jolly Grant Dehradun-248016  
Tel +91-135-2471200, 2471300 Fax: 0135-2471317



<b>Patient Name</b>	Ms. Apaksha Rana	<b>Lab No</b>	4788207
<b>UHID/IP No</b>	3486583	<b>Sample Date</b>	05/07/2023 12:35PM
<b>Age/Gender</b>	10 Yrs 6 Mths 18 Days/Female	<b>Receiving Date</b>	05/07/2023 12:58PM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	05/07/2023 3:21PM
<b>Mob. No.</b>	9759731170	<b>Report Status</b>	Final
<b>Referred By</b>	Dr. GUPTA ALPA	<b>Manual Lab</b>	



### BIOCHEMISTRY INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
<b>CALCIUM</b> Sample: Serum			
CALCIUM Arsenazo	9.62	mg/dL	8.80 - 10.60

--End Of Report--



SWAMI RAMA HIMALAYAN UNIVERSITY  
SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN - 248010  
NEUROSCIENCE LABORATORY

EEG REPORT

EEG NO. :- 346 PATIENT NAME :- Apetksha  
DATE OF TESTING :- 4-7-23 AGE / SEX :- 10/F  
OPD NO. :- 3486583 REFERRED BY DR. :- Pedia

1- INTRODUCTION :-

A- Reason for testing ----- Seizure / Unconsciousness / Headache or Any other  
B- Any Medicine Used -----  
C- Duration of EEG ----- 20 min at  
D- State ----- Awake / Sleep / Both

2- BACKGROUND ACTIVITY :-

A- Awake -----  
B- Sleep -----  
C- Impression ----- Abnormal / Normal ✓

3- ABNORMALITY :-

A- Slowing ----- Yes / No ✓ Grade :- I II III  
B- Attenuation ----- Yes / No ✓  
C- Periodic Discharges ----- Yes / No ✓  
D- Dysrhythmic ----- Yes / No ✓ Grade :- I II III

4- ACTIVATION PROCEDURE :-

A- Hyperventilation ----- Duration ----- Sec. Response - Well done / Poorly done / Not Done  
B- Photic Stimulation ----- Response ----- Well done / Poorly done / Not done  
C- Sleep Deprivation Record -----

5- FINAL IMPRESSION :-

Normal EEG

6- ADVICE :-

  
TECHNICIAN :-

  
ELECTROENCEPHALOGRAPHY  
2023.07.09 04.07

OK

### अनुरोध के आधार पर आवेदन करने का प्रारूप-2

क्र. सं०	नाम	पदनाम	वर्तमान कार्यालय का नाम	गृह जनपद/ तहसील का नाम	स्थानान्तरण हेतु 10 ऐच्छिक स्थान वरियता क्रम में	एक ही घारा जिसके अन्तर्गत अनुरोध किया गया है।		टिप्पणी
						7	8	
1	2	3	4	5	6	घारा के नाम के आगे ✓ लगाये	प्रस्तुत साक्ष्यों का विवरण	9
1	श्री पद्मेश	प्रधान सहायक	कार्यालय अधीक्षण अभियन्ता, पंचम वि०/सी० वृत्त लो०नि०वि०, इन्दरानी	टिहरी महवाल/ धनसाली	1- 11वीं वि०/सी० वृत्त लो०नि०वि०, देहरादून। 2- सिविल वृत्त लो०नि०वि०, इरिहार। 3- 8वीं वृत्त लो०नि०वि०, टिहरी। 4- 9वीं वृत्त लो०नि०वि०, देहरादून। 5- 10वीं वृत्त लो०नि०वि०, देहरादून।	<input type="checkbox"/> घारा 17 (1) (ख) (एक) <input type="checkbox"/> घारा 17 (1) (ख) (दो) <input type="checkbox"/> घारा 17 (1) (ख) (तीन) <input type="checkbox"/> घारा 17 (1) (ख) (चौन) <input type="checkbox"/> घारा 17 (1) (ख) (पांच) <input type="checkbox"/> घारा 17 (1) (ख) (छ) <input type="checkbox"/> घारा 17 (1) (ख) (सात) <input checked="" type="checkbox"/> घारा 17 (1) (ख) (आठ)	<p>प्रमुख अभियन्ता एवं डिप्टी कमिश्नर, जयपुराधन 'ख' वर्ग लो०नि०वि०, देहरादून के पत्र संख्या-1902/04 मस-सा०/22 दिनांक 29.12.2023 द्वारा प्रार्थी को प्रस्ताव अतिवृत्त लोक निर्माण विभाग उत्तराखण्ड शासन देहरादून की कार्यालय अभियन्ता अभियन्ता, 11वीं वि०/सी० वृत्त लो०नि०वि०, देहरादून में स्थानान्तरण हेतु प्रेषित।</p> <p>सहीदव प्रार्थी के छोटे नई का डिप्लोमा उपचार सिद्धान्त अस्पताल गौरीचान्त देहरादून में बने रहा है, (दोनों पैरों में प्लास्टिक सर्जरी एवं हथड़ी का उपचार) जिसका विशिष्ट प्रमाण पत्र संलग्न है।</p>	

हस्ताक्षर

नाम- श्री पद्मेश  
पदनाम- प्रधान सहायक

29/04/24

हस्ताक्षर

नाम- निरान्त नेगी  
पदनाम- प्रभारी अधीक्षण अभियन्ता

29/04/24



# हिमालयन अस्पताल Himalayan Hospital

(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)

Himalayan Institute of Medical Sciences  
SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN (UTTARAKHAND) INDIA  
Ph. +91-135-2471200, 2471300

## O.P.D. CARD

HIMALAYAN HOSPITAL  
SWAMI RAM NAGAR P.O. DOIWALA  
Reg. Date: Mar 2 2024 10:26AM  
Patient ID: 3442740  
Mr. Sher Singh 30 Yrs/Male  
S/O LATE NATHI SINGH  
GHANSHALI TEHRI GARHWAL UTTARAKHAND INDIA  
Bill Amt 50.00 ORTHOPADICS GEN OPD  
Mobile- 9758623774

## KALPTARU QUALITY MEDICINE STORE

यहाँ पर सभी प्रकार की गुणवत्ता वाली दवाईयां उचित मूल्य पर उपलब्ध हैं।

हिमालयन अस्पताल

"For Obstetric Ultrasonography personal identity proof is compulsory"  
गर्भवती महिलाओं की अल्ट्रासाउण्ड जाँच के लिए फोटो पहचान पत्र अनिवार्य है।

नोट:- दवा के दुष्प्रभाव की जानकारी चिकित्सक / नर्सिंग स्टाँफ को अवश्य दें।  
अथवा फ़रमाक्लॉजी विभाग 0135-2471-328 में सम्पर्क करें।

कृपया डॉक्टर से ऑनलाइन परामर्श के लिए  
गूगल प्ले स्टोर से हिमसंजीवनी ऐप डाउनलोड करें।  
या वेब पोर्टल द्वारा <https://himsanjeevani.com/index.html>  
का उपयोग करें



1/5/24

Local Examination:

It is a ~~long~~ case of low back pain.

Provisional Diagnosis/Diagnosis:

It is low back pain - 10-90

Investigation Advised:

It has been advised by the doctor that the patient should be referred to the physiotherapist for further treatment.

Doctor Assessment

ORTHOPAEDICS

Brief History of Presenting Complaints:

UNIT III  
WED - SAT  
बुध - शनि

DR. FAIZ ANWAR SIDDIQUI,  
MCh, M. Ch. (Ortho), FACS,  
Fellow of the American College of Foot  
Hospital, Second Floor, Urology  
Dept. (SRHU)  
A. Prof. Dept. of Orthopedics,  
HMT SRHU, UKMC - 6790

Local Examination:

Xray, R/L knee - AP/LAT

Provisional Diagnosis/Diagnosis:

Investigation Advised:

DR. FAIZ ANWAR SIDDIQUI,  
MCh, M. Ch. (Ortho), FACS,  
Fellow of the American College of Foot  
Hospital, Second Floor, Urology  
Dept. (SRHU)  
A. Prof. Dept. of Orthopedics,  
HMT SRHU, UKMC - 6790

CLINICAL DATA AND TREATMENT

(3)

Treatment:

1mg 2000ml saline IV  
in chamber W-1800 2m

Follow up Advice:

Doctor's Name

Sign, Date & Time

In Case of

1.

2.

3.

4.

Contact Emergency- 0135-2471225





# हिमालयन अस्पताल HIMALAYAN HOSPITAL

(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)

Himalayan Institute of Medical Sciences  
SWAMI RAMNAGAR, JOLLY GRANT, DEHRADUN (UTTARAKHAND) INDIA  
Ph. +91-135-2471200, 2471300

## O.P.D. CARD

HIMALAYAN HOSPITAL  
SWAMI RAM NAGAR P.O. DOIWALA  
Reg. Date: 09/03/2023  
Patient ID: 3442740  
Mr. Sher Singh 31 Y/M  
S/O LATE NATHI SINGH  
GHANSHALI TEHRI GARHWAL UTTARAKHAND INDIA  
Mobile- 9756623774

## KALPTARU QUALITY MEDICINE STORE

यहाँ पर सभी प्रकार की गुणवत्ता वाली दवाईयाँ उचित मूल्य पर उपलब्ध हैं।  
हिमालयन अस्पताल

"For Obstetric Ultrasonography personal identity proof is compulsory"  
गर्भवती महिलाओं की अल्ट्रासाउण्ड जाँच के लिए फोटो पहचान पत्र अनिवार्य है।

नोट:- दवा के दुष्प्रभाव की जानकारी चिकित्सक / नर्सिंग स्टाँफ को अवश्य दें।  
अथवा फारमाकोलॉजी विभाग 0135-2471-328 में सम्पर्क करें।

कृपया डॉक्टर से ऑनलाइन परामर्श के लिए  
गूगल प्ले स्टोर से हिमसंजीवनी ऐप डाउनलोड करें।  
या वेब पोर्टल द्वारा <https://himsanjeevani.com/index.html>  
का उपयोग करें



# हिमालयन हॉस्पिटल

(स्वामी राम हिमालयन विश्वविद्यालय की एक इकाई)  
स्वामी राम नगर, जौलीग्राम, देहरादून-248009



## DEPARTMENT OF ORTHOPAEDICS

### DEPARTMENT OF ORTHOPAEDICS UNIT III DISCHARGE SUMMARY

UHD	: 3442740	IP NO	: 23/57997
Patient Name	: Mr. Sher Singh	Father/Mother's	: SHIVLATE NATHI SINGH
Age/Gender	: 30 Yrs/Male	pose	
Admitted By	: Dr. SIDDIQUI FAZ AKBAR	D O A	: 11/10/2023 04:34 PM
Mobile No.	: 9758823774	D O D	: 15/10/2023
		Patient Address	: GHANSHALI, TEHRU GARHWAL, UTTARAKHAND, INDIA

**DIAGNOSIS**- Follow up case of post-traumatic left knee soft tissue, AOK flexion deformity  
A year old male brought to HHT OPD with CO operative range of motion of left knee  
A/B/O BTA/MOR- fall from window while off road car on 08/03/2023 at 1:00PM near ghanali  
Patient sustained injury to bilateral lower limb  
No H/o Ltra of anaesthetics, allergy, vomiting, ENT bleed  
No H/o Tuberculous, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Hypertension.

#### Past surgical history-

Debridement + flap cover + BGG

O/E:- Patient is conscious and oriented.

BP-120/80 mmHg

PR- 80/min

RR- 16/min

SpO2- 97% on Room air

Absent

#### L/E:- (Left lower limb):

Scar mark present over thigh and leg

No Distal swelling present

ROM (flex): Restricted and Painful

Active force movements present

Distal NV status intact

#### INVESTIGATION:-

Hb:-13.21

Na+:-137.66

K+:-4.40

Cr:-0.58

Print Date & Time: 15/10/2023 11:23

In Case of emergency, Contact Reception: 01352471110 Ortho Male ward: 01352471217 Ortho OPD: 01352471214



15/10/2023

**MANAGEMENT:** Patient was admitted from OPD, un-conscious and vitalities. Patient and his attendants were explained about the risks associated with the surgery and after taking informed consent from the patient and his attendants and after all the clearance from anaesthesia patient was ready for surgery.

**PROCEDURE:** Knee mobilization left knee with quadriceps release was done under GA on 15/10/2023.

**Post op:-**

Post op stay was uneventful.

Regular dressing done, since the wound dry and healthy with no signs of infection or inflammation.

Patient is being discharged in satisfactory condition.

**Advice on discharge:**

Wound to be kept elevated.

Wound care to be done.

Walking allowed with the help of walker.

Partial weight bearing is allowed.

Knee mobilization exercises to be done.

Quadriceps strengthening exercises to be done.

Active knee movements to be done.

Continue physiotherapy exercise.

Suture removal on 22/10/2023 (WEDNESDAY).

TAB CHYMIDRAL FORTE 1 TAB THrice DAILY X 5 DAYS

TAB SIGNOFAM 1 TAB 50S FOR PAIN

TAB PANTOPRAZOLE 40 mg 1 TAB ONCE DAILY X 5 DAYS

TAB LAMCIC 500mg 1 TAB ONCE DAILY X 2 WEEKS

TAB CALCIUM CARBONATE 500 mg 1 TAB TWICE DAILY X 4 WEEKS

TAB DECSOULE 1 TAB ONCE DAILY X 2 WEEKS

CAP CHOLECALCIFEROL 60000 IU 1 PER WEEK X 4 WEEKS

Review in Ortho OPD (59) on 25/10/2023 (WEDNESDAY) for suture removal. Follow up in SOS on OPD days (WEDNESDAY/SATURDAY)

I state that I have received original copy of discharge summary and advise at discharge explained to me.

Name: Relation to patient:

Signature:

Dr. SIDDIQUI FAIZ AKBAR

Consultant

Orthopedic

*Signature of Dr. Siddiqui Faiz Akbar*  
FAIZ AKBAR

Print Date & Time: 15/10/2023 11:29

Case of emergency, Contact Reception; 01352471110 Ortho Male ward; 01352471217 Ortho OPD; 01352471214





# हिमालयन हॉस्पिटल

(स्वामी राम हिमालयन विश्वविद्यालय की एक इकाई)  
स्वामी राम नगर, गोरखपुर, देहरादून-245009



## DEPARTMENT OF ORTHOPAEDICS

### DEPARTMENT OF ORTHOPAEDICS UNIT III DISCHARGE SUMMARY

UHD	3442740	IP NO	2357957
Patient Name	Mr. Shur Singh	Father/Mother/S	S/O/LATE NATHI SINGH
Age/Gender	38 Yrs/Male	Spouse	
Admitted By	Dr. SIDDIQUI FAIZ AKBAR	DOA	11/10/2023 04:34 PM
Mobile No.	9750623774	DOD	15/10/2023
		Patient Address	GHANSHALI, TEHRI GARHWAL, UTTARAKHAND, INDIA

**DIAGNOSIS:-** follow up case of post-traumatic left knee stiffness with flexion deformity.

A 38 year old male brought to HRII OPD with 100% decrease range of motion of left knee.

**HISTORY (Hx):** fall from window while off road car on 08/01/2023 at 1000PM near Ghansali.

Patient sustained injury to bilateral lower limb.

No Hx Loss of consciousness, seizure, vomiting, ENT bleed.

No Hx Tuberculosis, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Hypertension.

#### Past surgical history:-

Debridement + flap cover + SSC

**On Ex:** Patient is conscious and oriented.

SP-120/80 mmHg

PR-80/min

HR-100/min

SPO2- 94% on Room air

Alcohol

**LE: (Left lower limb):**

Scar mark present over thigh and leg.

No Effuse swelling present.

ROM(Knee): Restricted and Painful.

Active - knee movements present.

Digital NV status intact.

#### INVESTIGATION:-

Hb-13.21

Na+-137.68

K+-4.40

Cr-0.58

Print Date & Time: 15/10/2023 11:29

In Case of emergency, Contact Reception: 01352471110 Ortho Male ward: 01352471217 Ortho OPD: 01352471214

**MANAGEMENT:** Patient was admitted from family house and evaluated. Patient and his attendants were explained about the risks associated with the surgery and after taking informed consent from the patient and his attendants and After taking clearance from the orthopedic surgeon was planned for surgery.

**PROCEDURE:** Knee arthroscopy of the left knee with quadriceps release was done under GA on 12/10/2023.

**Post op:**

Post op was successful.  
Regular dressing were done, wound line found dry and healthy with no signs of infection or inflammation.  
Patient is being discharged in satisfactory condition.

**Advice on discharge:**

- 1. Wound to be kept clean.
- 2. Wound care to be done.
- 3. Walking allowed with the help of walker.
- 4. Partial weight bearing is allowed.
- 5. Knee mobilization exercises to be done.
- 6. Quadriceps strengthening exercises to be done.
- 7. Active knee movements to be done.
- 8. Continue physiotherapy exercise.

Surge removed on 25/10/2023 (WEDNESDAY)

- TAB CIVIMORAL FORTI 1 TAB THIRICE DAILY X 5 DAYS
- TAB SIGNOFAM 1 TAB SOS FOR PAIN
- TAB PANTOPRAZOLE 40 mg 1 TAB ONCE DAILY X 5 DAYS
- TAB LAMCEE 500mg 1 TAB ONCE DAILY X 2 WEEKS
- TAB CALCIUM CARBONATE 500 mg 1 TAB TWICE DAILY X 4 WEEKS
- TAB BECOSOLE 1 TAB ONCE DAILY X 2 WEEKS
- CAP CHOLECALCIFEROL 60000 I.U 1 PER WEEK X 4 WEEKS

Review in Ortho OPD (59) on 25/10/2023 (WEDNESDAY) for suture removal, follow up of SOS on OPD days (WEDNESDAY/SATURDAY).  
I state that I have received original copy of discharge summary and advise at discharge explained to me.

Name: Relation to patient:

Signature:

**Dr. SIDDIQUI FAIZ AKBAR**  
 Consultant  
 Orthopedic Surgeon  
 15/10/2023







27/12/23



# Himalayan Hospital

(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)



## STATEMENT OF ACCOUNT

PNT No. 3442840 Name Shiv Singh  
 Date of Admission 12/12/23 Ward 302 Bed No. \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Date of Transfer	From Ward	To Ward	Signature of Nurse Incharge Receiving the Case
12/05/23	OPD	302	31008 - (R. Sharma)
13/12/23	302	OT	at 8 am
14/12/23	OT	103	at 11 am
14/12/23	103	302	at 10 pm

Consultation Fee	OT	103	Date
Dr. [Signature]	103	9.00	12/12/23
Dr. [Signature]	OT	103	14/12/23

Operation Charges 3/4/23 103 302 at 10 K

Date	Surgery Code	CHARGES				Sig. of Surgeon
		O.T.	Surgery	Anesthesia	Other	
12/05/23	H74	9.00	56980			
15/2/23	1174	5200	58080			
	6316	26700	58080			

ICU Charges 790 } = 23000 - 58080  
 1174 } = 5100 - 58080

33/05/23	Particulars	6285	Charges	3,400	Particulars	Charges
	Monitoring				Arterial Line Procedure	
	Ventilation				Dressing charges	
	Disposables				General Care	
	I.V Infusion Set & Pump				Ripple Mattress	
	Syringe Pump				EEG Recording	
	I.V.P.I. line Procedure				Other charges	

Date	Particulars	Charges	Ward Incharge Signature
	Air Mattress		
	Cassidy		

**Advance Particulars (To be filled by the Accounts Department)**

Date	Bill No.	Amount	Date	Bill No.	Amount

**NOTE:**

This sheet should be attached with the Inpatient file.

For DISCHARGE:

Name of the Doctor:

Signature

**AYUSHMAN  
BHARAT**



5

# Ayushman Bharat Pre Authorization Form Himalayan Hospital

SRHUIFF-178



AYUSHMAN BHARAT Page No: SG086A  
NATIONAL HEALTH PROTECTION MISSION Form No: SG090B  
PATIENT REGISTRATION FORM Package Code: SG090B

Patient No: 878175

Implant Code: \_\_\_\_\_

Patient Details			
Card No	P3Y26Z1JQ	Name	Sher Singh
Age	30 Y 0 M 0 D	Gender	Male
Relation Name	NA	Date Of Birth	1993
Contact No	9756623774	Communication Contact No	9756623774
			
Card Address			
Address	55, , TEHRI GARIWAL, UTTARAKHAND	Village	NA
		City	NA
		District	TEHRI GARHWAL
Block	NA	Pin Code	249181
State	UTTARAKHAND		
Communication Address			
Address	55, , TEHRI GARIWAL, UTTARAKHAND	Village	NA
		City	NA
		District	TEHRI GARHWAL
Block	NA	Pin Code	249181
State	UTTARAKHAND		
Registered Hospital Details			
Hospital Name	SWAMI RAMA HIMALAYAN UNIVERSITY	Registered Date	27-05-2023

Diagnosis : *Lawe area Right leg - Debridment + SSC.*  
Past History :

BP : *110/70 mmHg*  
Pulse Rate : *88 bpm*  
Temperature : *98.6*

*Ambekar*  
Dr. Amborish Nali  
Regn. No. UKMC-11491  
Consultant Doctor :



# Himalaya Institute of Medical Sciences

Himalaya Central Diagnostic & Research Laboratory

Swami Ram Nagar P.O. Jolly Grant Dehradun-248016

Tel +91-135-2471200, 2471300 Fax: 0135-2471317



<b>Patient Name</b>	Mr. Sher Singh	<b>Lab No</b>	4505726
<b>UHID/IP No</b>	3442740 / 23/11934	<b>Sample Date</b>	09/03/2023 1:30PM
<b>Age/Gender</b>	30 Yrs/Male	<b>Receiving Date</b>	09/03/2023 2:06PM
<b>Bed No/Ward</b>	217-49 / WARD NO-217	<b>Report Date</b>	09/03/2023 2:40PM
<b>Mob. No.</b>	9756623774	<b>Report Status</b>	Final
<b>Referred By</b>	Dr. SIDDIQUI FAIZ AKBAR	<b>Manual Lab</b>	



## HBSAG

Sample: Serum

Method: Enhanced Chemiluminescence Immunoassay (CLIA)

Equipment: Vitros 3500

Result: Non-Reactive

VALUE: 0.04

### Interpretation:

Non-Reactive : <0.90  
 Borderline : >= 0.90 and <= 0.99  
 Reactive : >=1.0

1. The detection limit of this test is 0.16 ngHBsAg/ ml of sample.
2. The titer of HBsAg bears no significant relation to the severity of clinical disease.
3. HBsAg reactivity is associated with either acute or chronic hepatitis B following Hepatitis B virus infection or with a chronic carrier state.
4. Usually HBsAg is detectable in serum over a period extending from 2-3 weeks after infection to 12-20 weeks after onset of symptoms.
5. Persistence of HBsAg positivity beyond 6 months is indicative of either chronic liver disease or a chronic carrier state.
6. Discrepant results may be observed during pregnancy, patients receiving some monoclonal antibodies for diagnosis or therapy and mutant forms of HBsAg.
7. HBsAg results should be used and interpreted in the context of the overall clinical picture.

## HCV - ANTIBODY.

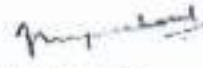
Sample: Serum

Method: Enhanced Chemiluminescence Immunoassay (CLIA)

Equipment: Vitros 3500

Result: Non-Reactive

VALUE: 0.03

  
 Dr. KOUSHIK MUKHERJEE  
 Assistant Professor





# हिमालयन हॉस्पिटल

(स्वाधीन राम हिमालयन विश्वविद्यालय की एक इकाई)  
स्वामी राम नगर, जौलीबाग, देहरादून-248004



7

## PLASTIC SURGERY DEPARTMENT ( DRAFT )

CHID : 1441740  
 Patient Name : Mr. Shur Singh  
 Age/Gender : 30 Year Male  
 Admitted By : Dr. NATH AMBORISH  
 Mobile No. :  
 IP NO : 2512687  
 Father/Mother/Spo : SUDHAKAR NATH BONGHI  
 use :  
 D O A : 12/03/2023 02:30 PM  
 D O D : 15/04/2023  
 Patient Address : GHANSHATI, TEHRI GARHWAL,  
 UTTARAKHAND, INDIA

Diagnosis: RAW AREA ON LOWER LIMB

Presenting illness: Patient presented to OPD with A/R/O RTA on 05/03/23 at around 1:00 pm near Ghansati. MCH. fell from window while his car sustained injury to R.L. lower limb No lacerations, ENT bleed, fracture, vomiting, CSF otorrhea or rhinorrhea.

Past History: No history of NLM/TB/COPD/any previous surgery

Examination: Conscious, oriented

Pulse 84/min BP: 120/80mmHg P/O - F&LAP

Chest: A/E R/L equal, clear

Abd: No distension, soft, non-tender, BS+

CVS: normal

CNS: no neurological deficit

Local/regional examination: Raw area over anterior & posterior aspect of right lower limb (involving whole of the lower limb). Raw area over anterior and posterior aspect of left thigh extending upto knee.

**Investigations:**

Test	Value	Unit	Reference Range
Date - 30/03/2023			
<b>PROTHROMBIN TIME</b>			
PROTHROMBIN TIME	18.30	Seconds	(11.4-14.8)
APTT	33.2 Seconds		
INR	1.43	Seconds	0.64-1.17 On oral anticoagulant therapy, INR 2.0-3.0
<b>POTASSIUM (K<sup>+</sup>)</b>			
POTASSIUM (K <sup>+</sup> )	4.07	mmol/L	(3.5 - 5)
<b>SODIUM (NA<sup>+</sup>)</b>			
SODIUM (NA <sup>+</sup> )	132.70	mmol/L	(130 - 140)
<b>BUN (UREA NITROGEN)</b>			
BUN (UREA NITROGEN)	9.49	mg/dL	(6 - 10)
<b>CREATININE</b>			
CREATININE	0.39	mg/dL	(0.67 - 1.17)

Print Date & Time: 15/04/2023 12:58



31/03/2023

8

HEMOGLOBIN (HB%)	12.18	g/dL	(13 - 18)
------------------	-------	------	-----------

Date - 01/04/2023

SODIUM (NA+)	133.90	mmol/L	(136 - 146)
--------------	--------	--------	-------------

Date - 08/04/2023

PROTHROMBIN TIME	19.30	Seconds	(11.4-14.8)
MNPT	13.2 Seconds		
INR	1.51	Seconds	0.64-1.17 On oral anticoagulant therapy, INR 2 - 4.0

Date - 09/04/2023

CREATININE	0.38	mg/dL	(0.67 - 1.17)
SODIUM (NA+)	133.10	mmol/L	(136 - 146)
POTASSIUM (K+)	4.46	mmol/L	(3.5 - 5)
BUN (UREA NITROGEN)	5.84	mg/dL	(6 - 20)

LIVER FUNCTION TEST

BILIRUBIN (TOTAL)	0.68	mg/dL	(0.3 - 1.2)
BILIRUBIN (DIRECT)	0.14	mg/dL	< 0.2
BILIRUBIN (INDIRECT)	0.55	mg/dL	(0.2 - 0.9)
ALANINE AMINO TRANSFERASE (ALT/SGPT)	106.00	U/L	< 50
ASPARTATE AMINO TRANSFERASE (AST/SGOT)	49.00	U/L	< 50
ALKALINE PHOSPHATASE (ALP)	265.00	U/L	(30 - 120)
TOTAL PROTEIN	5.89	g/dL	(6.7 - 8.0)
ALBUMIN	2.27	g/dL	(3.5 - 5.2)
GLOBULIN	3.62	g/dL	(2 - 3.5)
A/G RATIO	0.63		(1.3 - 2)

PROTHROMBIN TIME

PROTHROMBIN TIME	19.80	Seconds	(11.4-14.8)
MNPT	13.2 Seconds		
INR	1.56	Seconds	0.64-1.17 On oral anticoagulant therapy, INR 2.0-4.0

Viral markers: all non-reactive

Course in the hospital: Patient was admitted & evaluated. Discharge date: 15/04/2023 (17 days).



# Himalaya Institute of Medical Sciences

Himalaya Central Diagnostic & Research Laboratory

Swami Ram Nagar P.O. Jolly Grant Dehradun-248016

Tel +91-135-2471200, 2471300 Fax: 0135-2471317



<b>Patient Name</b>	Mr. Sher Singh	<b>Lab No</b>	4605726
<b>UHID/IP No</b>	3442740 / 23/11934	<b>Sample Date</b>	09/03/2023 10PM
<b>Age/Gender</b>	30 Yrs/Male	<b>Receiving Date</b>	09/03/2023 10PM
<b>Bed No/Ward</b>	217-49 / WARD NO-217	<b>Report Date</b>	09/03/2023 10PM
<b>Mob. No.</b>	9756623774	<b>Report Status</b>	Final
<b>Referred By</b>	Dr. SIDDIQUI FAIZ AKBAR		



Manual Lab

## SEROLOGY

**ANTIBODY TO HIV 1 & 2**  
Sample: Serum

Method: Enhanced Chemiluminescence Immunoassay (CLIA)  
Equipment: Vitros 3600

Result: Non-Reactive  
VALUE: 0.07  
Interpretation:-

Non-Reactive : <0.90  
Borderline : >=0.90 and <1.0  
Reactive : >=1.00

### Remarks:-

- This test detects the presence of antibodies to HIV-1 and/ or HIV-2 antigens.
- As specified by the kit manufacturer, this test has sensitivity of 100% and specificity of 99.92%.
- According to NACO guidelines, reactivity in a single test is not a conclusive indication of HIV infection in a patient.
- A clinically asymptomatic patient with AIDS- defining illness is considered HIV infected, in the event of positive results being observed in two different tests using different antigens or testing principles. Discrepant results in the two tests (one reactive and another non reactive) are recommended to be resolved by tiebreaker third test. A reactive third test result leads to the sample being labeled as indeterminate and calls for follow-up testing after 2-4 weeks. A non reactive result in the third test implies HIV-negative status.
- In asymptomatic individuals, HIV positive status is associated with reactive results being observed in three different tests using different antigens and testing principles. Reactive result in two of the three tests leads to the sample being labeled as indeterminate and calls for follow-up testing after 2-4 weeks. HIV-negative status is associated with:
  - Non- reactive result in the first of the three tests, or
  - Non- reactive result in both the second and third tests.
- A Non Reactive result does not exclude the possibility of exposure to infection with HIV.
- Counseling is available at the ICTC-cum- Link ART Center attached to Himalayan Hospital between 8:30 a.m. and 4:30 p.m. on all working days.

-End Of Report-

Dr. KOUL NUPUR  
Assistant Professor



Debridement done under GA on 13.03.2023  
Necrotic tissue & debris, derisly muscle exposed

Surgery: 2. Debridement done under GA on 15.03.23  
Finding: Necrotic tissue debrided

Surgery: 3. Debridement, flap and SSG under GA on 20/3/23  
Finding: Necrotic tissue debrided, graft was raise from left thigh and was placed over wound

Surgery: 4. Debridement + flap cover + SSG Under GA ON 3/4/23  
Finding: Necrotic skin, muscle, tissue seen

Surgery: 5. Debridement and SSG under GA on 10/4/23.  
Finding: Necrotic tissue were seen and debrided. Exposed bone were seen over distal part of right thigh on anterior aspect

Post Op period: No fresh complaints, vitals stable, afebrile, no leakage, I/O adequate

Condition on discharge: Satisfactory. graft healthy and SSG take satisfactory. Patient was afebrile during hospital stay

- Advice on discharge:
- Normal diet
  - Maintain hygiene
  - Daily dressing as advised
  - Tab Augmentin 625mg TDS x 5 days
  - Tab Nigamollan 1 TDS x 3 days then 1 SOS
  - Tab Pantop 40 mg QD BIF x 5 days
  - Cap Beconic-Z 1000 x 7 days
  - Follow up in Plastic Surgery OPD for review on 20/4/23 (Wednesday/Saturday)

Signature of Consultant: *[Signature]*  
 Signature of resident: *[Signature]*  
 Dr. Anshu Nishi (JRF)  
 Dr. Abhay Joshi (JRF)  
 Dr. Deepika Handuja (JRF)

Instructions:  
 In case of any emergency, contact \_\_\_\_\_  
 Contact during following complications/ symptoms.

I State that I have received original copy of discharge summary and advice at discharge explained to me.

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone no: \_\_\_\_\_

For Emergency please contact on phone no. 0125-2471-118/110

Plastic Surgery Ward (211) Extension No. 145

Plastic Surgery OPD No. 7 Extension No. 354

\*All reports handed over to the patient.

\*This is a summary of hospital stay record. This is of no medical legal value.  
Date: 19/04/2023 12:38





प्लास्टिक विभाग  
डॉ. पी.डी. कर्मा  
गर्भवती



# हिमालयन अस्पताल Himalayan Hospital

(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)

SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN (UTTARAKHAND) INDIA

Ph. +91-135-2471200, 2471300, Fax : 0135-2471317

## O.P.D. CARD

HIMALAYAN HOSPITAL  
SWAMI RAM NAGAR P O DOIWALA  
Reg Date 05/03/2023  
Patient ID: 3442740  
Dr. Sher Singh 33 Y.M  
S-DELATE NATHI SINGH  
DEHRADUN, UTTARAKHAND (INDIA)  
Mobile- 9756623774

## KALPTARU QUALITY MEDICINE STORE

यहाँ पर सभी प्रकार की गुणवत्ता वाली दवाईयां उचित मूल्य पर उपलब्ध हैं।

हिमालयन अस्पताल

"For Obstetric Ultrasonography personal identity proof is compulsory"

गर्भवती महिलाओं की अल्ट्रासाउण्ड जाँच के लिए फोटो पहचान पत्र अनिवार्य है।

नोट:- दवा के दुष्प्रभाव की जानकारी चिकित्सक / नर्सिंग स्टाफ को अवश्य दें।  
अथवा फरमाकलोजी विभाग 0135-2471-328 में सम्पर्क करें।

कृपया डॉक्टर से ऑनलाइन परामर्श के लिए  
गूगल प्ले स्टोर से हिमसंजीवनी ऐप डाउनलोड करें।  
या वेब पोर्टल द्वारा <https://himsanjeevani.com/index.html>  
का उपयोग करें

**DEPARTMENT OF PLASTIC SURGERY  
PLASTIC SURGERY DEPARTMENT ( CASE SUMMARY )**

UHID	: 3442740	IP NO	: 23/27436
Patient Name	: Mr. Sher Singh	Father/Mother/Spouse	: S/O#LATE NATHI SINGH
Age/Gender	: 30 Yrs/Male	D O A	: 27/05/2023 12:48 PM
Admitted By	: Dr. NATH AMBORISH	Patient Address	: GHANSHALI, TEHRU GARHWAL, UTTARAKHAND, INDIA
Mobile No.	:		

**Diagnosis** : Follow up case of raw area bilateral lower limb  
**Presenting illness** : Patient presented in OPD as a follow up case of alleged history of RAT on 08/03/2023 around 1:00pm near Ghansali  
**MOI** : fall from window while off road car. Patient sustained injury to bilateral lower limb.  
 No h/o loss of consciousness/vomiting/ENT bleeding/seizure/CSF otorrhea or rhinorrhea/alcohol influence.

**Past History** : No h/o HTN/DM/TB/COPD/any previous surgery.

**Examination** : Conscious, oriented  
 Pulse 84/min BP: 120/80mmHg P-/Ic-/Ed-/LAP-  
 Chest: A/E B/L equal, clear  
 Abd. No distension, soft, non-tender, BS+  
 CVS: normal  
 CNS: no neurological deficit  
**Loco-regional examination**: Raw area over anterior and posterior aspect of right lower limb involving whole of lower limb

**Investigation**  
 Viral markers: all non-reactive

**Surgery 1**: Debridement done under GA on 13/03/2023  
**Findings**: necrotic tissue debrided and muscle exposed

**Surgery 2**: debridement done under GA on 15/03/2023  
**Finding**: necrotic tissue debrided

**Surgery 3**: debridement, flap and SSG under GA on 20/03/2023  
**Finding**: necrotic tissue debrided, graft was raised from left thigh and was placed over wound

**Surgery 4**: debridement, flap cover, SSG under GA on 03/04/2023  
**Finding**: necrotic skin, muscle, tissue seen

**Surgery 5**: Debridement and SSG under GA on 10/04/2023  
**Finding**: necrotic tissue were seen and debrided. Exposed bone were seen over distal part of right thigh on anterior aspect.

**Surgery 6**: Debridement and SSG done under SA on 29/05/2023  
**Finding**: Necrotic tissue seen and debrided.

**Post Op period**: No fresh complaints, vitals stable, afebrile, no swabage, I/O adequate  
**Course in the hospital**: Patient was admitted & evaluated, PAC clearance was taken for surgery. Kindly extend the package of the patient for further hospitalization under Ayushman.

Signature of Consultant :

- Dr. Manu Rajan Dr. Varun Dixit (JR II)
- Dr. Sanjay Divedi Dr. Puritosh Singhal (JR II)
- Dr. Amborish Nath Dr. Anshu Rana (JR I)

Dr. NATH AMBORISH(PLASTIC SURGERY)

A handwritten signature in cursive script, appearing to read 'Nath', is written over a horizontal line.

Vertical text on the right margin, possibly a page number or reference code, including the number '13'.



# Ayushman Bharat Pre Authorization Form-Himalayan Hospital



GOVERNMENT OF INDIA  
AYUSHMAN BHARAT  
NATIONAL HEALTH PROTECTION MISSION  
PATIENT REGISTRATION FORM

Page No :  
Serial No :  
Package Code : SG 030B  
Implant Code :

Patient No: 891511

Patient Details			
Card No	P3Y26Z1JQ	Name	Sher Singh
Age	30 Y 0 M 0 D	Gender	Male
Relation Name	NA	Date Of Birth	1993
Contact No	9756623774	Communication Contact No	9756623774
Card Address			
Address	55, .. TEHRI GARHWAL, UTTARAKHAND	Village	NA
Block	NA	City	NA
State	UTTARAKHAND	District	TEHRI GARHWAL
		Pin Code	249181
Communication Address			
Address	55, .. TEHRI GARHWAL, UTTARAKHAND	Village	NA
Block	NA	City	NA
State	UTTARAKHAND	District	TEHRI GARHWAL
		Pin Code	249181
Registered Hospital Details			
Hospital Name	SWAMI RAMA HIMALAYAN UNIVERSITY	Registered Date	08-06-2023

Diagnosis : Raw area bilateral lower limb

Past History : SSG.

Dr. Anand Nath  
Asst. Professor (Plastic Surgery)  
MNC Regn. No. 11491

BP :  
Pulse Rate :  
Temperature :

# Himalayan Hospital

(A CONSTITUENT UNIT OF SWAMI RAMA)

## STATEMENT OF

3442740 30 T/D

15



PNT No. .... Name Mr. Star Singh  
 Date of Admission 27/5/23 Ward 102 Bed No. .... Date of Discharge .....

Date of Transfer	From Ward	To Ward	Signature of Nurse Incharge Receiving the Case
27/5/23	N/A	202	at 1:45 pm SINA Kh
29/5	OT	103	at 1:15 pm SSS
29/5	103	202	at 10:20 am Jm

Consultation Fee	Date
Dr. ....	
Dr. ....	

**Operation Charges**

Date	Surgery Code	CHARGES				
		O.T.	Surgery	Anesthesia	Other	Sig. of Surgeon
29/5	1124	?	92185			
29/5	6314					
3/06/2023	1174					

**ICU Charges**

Particulars	Charges	Particulars	Charges
Monitoring		Arterial Line Procedure	
Ventilation		Dressing charges	
Disposables		General Care	
I/V Infusion Set & Pump		Ripple Mattress	
Syringe Pump		EEG Recording	
C.V.P. Line Procedure		Other charges	

**Other Charges**

Date	Particulars	Charges	Ward Incharge Signature

**Advance Particulars (To be filled by the Accounts Department)**

Date	Bill No.	Amount	Date	Bill No.	Amount

**NOTE:**  
 This sheet should be attached with the Inpatient file.  
 For DISCHARGE :  
 Name of the Doctor :

*Ayush Kumar Pandey*



CLINICAL

HIMALAYAN HOSPITAL  
NIGHT NUR NAGAN P O SOINLA  
Reg. Date Oct 17 2023 11:00am  
Patient ID: 2442740  
Dr. Deep Singh 33 V-Khola  
DISPENSARY N-41 BIRTH  
DISEASE: TUBERCULOSIS LYMPHADENITIS ETC  
Bill No: NHP 227 2430 NHP  
Mobile- 9756621774

11/10  
Nastic for NHP  
C/S/B Dr. Manoj Rajan

Glands - 1.5  
Bactigra 10x30 - [1800]

DATE

CLINICAL DATA AND TREATMENT

HIMALAYAN HOSPITAL  
NIGHT NUR NAGAN P O SOINLA  
Reg. Date Oct 17 2023 11:00am  
Patient ID: 2442740  
Dr. Deep Singh 33 V-Khola  
DISPENSARY N-41 BIRTH  
DISEASE: TUBERCULOSIS LYMPHADENITIS ETC  
Bill No: NHP 227 2430 NHP  
Mobile- 9756621774

C/S/B Dr. Manoj Rajan  
C/S/B Dr. Anil Kash Nath  
+ VC of hemogram etc

26  
Cultured  
S/D Tuberculin  
& S/D  
& Papanicolaou

09/10: (All test results  
from user  
present  
in another



CLINICAL DATA AND TREATMENT

Pls:

contains dressing

- Mobility in muscles is permitted to left LI

Weight bearing from left LI is allowed

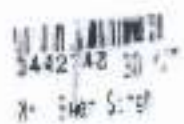
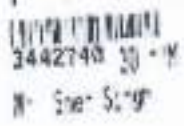
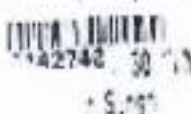
- Follow up after 1 month

Prophylaxis  
Pls,

MIRASOL HOSPITAL  
Sri Lanka  
Date of Birth: 1988-11-20  
Patient ID: 2442740  
Date of Surgery: 2023-11-20  
Surgical Site: Right Hip  
Surgeon: Dr. M. S. S. S. S.  
Anesthetist: Dr. M. S. S. S.  
Referral: 07882740

ATA AND TREAT

Dr. S. S. S. S.  
Sri Lanka  
Sri Lanka



Pls

Dressing - R. Unit

Pls: Physiotherapy  
of knee

and managing  
the skin graft  
area  
~~Pls~~  
~~Pls~~



# HIMALAYAN HOSPITAL

(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)  
Swami Ram Nagar, Jolly Grant, Dehradun-248016

SRHU/FF/Rw.01/01

## IN-PATIENT INITIAL ASSESSMENT FORM

(To be filled by the doctor's)

### PATIENT INFORMATION:

Patient Name: Shree Singh Age/Sex: 30M MUHID No: 3442740  
 Ward/Unit: 302 Bed No: 06 Blood Group: \_\_\_\_\_ DOA: 12/03/23  
 Time of Arrival in Wards/ICU: 302 am/pm, Primary Consultant: Dr. Ambujit Nath

### CLINICAL HISTORY

History given by:  Patient  Others (please specify)

### PRESENTING COMPLAINT

Accid RTA on 08/03/23

### H/O THE PRESENTING COMPLAINT

Pt presented to OPD re Accid RTA on 08/03/23 at  
 around 1.00 pm near Gausahi. (MOI - fall from window  
 while off road car) sustained injury to BL LL.  
 No H/O LOC, ENT bleed, CSF oozing or skin wounds,  
 vomiting, seizure

### PAST MEDICAL HISTORY

No H/O any chronic illness

### PAST SURGICAL HISTORY

No H/O any surgical intervention

REFERRALS REQUIRED:

EXPECTED PROGNOSIS:

Guarded

POSSIBLE COMPLICATIONS:

Sepsis  
Necrosis  
Amputation

OTHER RESTRICTIONS/ INSTRUCTIONS/ PREVENTIVE ADVICE (IF ANY):

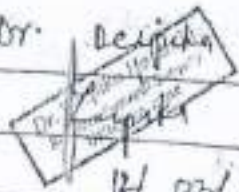

explained

NUTRITIONAL ADVICE (IF ANY)

explained

DISCHARGE PLAN (IF ANY)

when clinically fit

Name of Medical Officer:	Name of Treating Doctor:
Dr. Deepika Handiya	Dr. Amborish Naith
Signature: 	Signature: 
Date: 12/03/23	Date: 12/3/23 <small>Asst. Professor (Plastic Surgery) MC Regn. No. 11491</small>
Time: 11:00 am	Time: 11:00 am



OP24/1048



**HIMALAYAN HOSPITAL**  
(A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)

SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN - 248016 (U.K.)



S. No. 3410

OPD R. No. ....

Indoor R. No. 3442740

Certified that Ms./Mrs./Miss Sher Singh  
age 30 yrs years is a resident of Chansali, Tehri and is/was under my  
treatment as an Out patient/In patient from 12/03/23 to to be continued  
for further Management

*He is still admitted.*

He/She has been advised rest/light duties/fit to resume duties from

to

He/She is advised follow up (date) in OPD

DATE : 1/4/2023


*Manu*  
Dr. Manu Rajan  
Professor & Head  
Department of Plastic Surgery  
Swami Rama Himalayan University  
Dehradun-248140

012

अनुरोध के आधार पर आवेदन करने का प्रारूप-2

क्रम संख्या	नाम	पदनाम	वर्तमान कार्यालय का नाम	ग्रह जनपद/तहसील का नाम	स्थानान्तरण हेतु 10 ऐच्छिक स्थान दरियता के क्रम में	एक्ट की धारा 17 के अनुसार अनुरोध का आधार	टिप्पणी
1	2	3	4	5	6	7	8
1	प्रताप राम	प्रधान सहायक	तृतीय वृत्त लो०नि०वि० पिथौरागढ़	पिथौरागढ़/ गंगोलीहाट	1- द्वितीय वृत्त लो०नि०वि० नैनीताल	धारा 17 (1) (ख) (एक) के अनुसार	पत्नी का गले में कैंसर का ईलाज राम मनोहर लोहिया अस्पताल लखनऊ में चल रहा है।

  
(प्रताप राम)  
प्रधान सहायक  
तृतीय वृत्त लो०नि०वि० पिथौरागढ़।

  
10/23/24  
(ई ए०बी० काण्डपाल)  
अधीक्षण अभियन्ता  
तृतीय वृत्त लो०नि०वि० पिथौरागढ़



सेवा में

अधीक्षण अभियन्ता  
तृतीय वृत्त लो०नि०वि०  
पिथौरागढ़।

विषय:- अनुरोध के आधार पर स्थानान्तरण के संबंध में।  
सन्दर्भ:- प्रमुख अभियन्ता एवं विभागाध्यक्ष व्यवस्थापन 'क' वर्ग लोक निर्माण विभाग उत्तराखण्ड  
देहरादून का पत्रांक 546/34व्यक-स्थानान्तरण-सा०/2023 दिनांक 16.04.2024।

महोदय,

उपरोक्त विषयक सन्दर्भित पत्र के अनुपालन में स्थानान्तरण अधिनियम 2017 के अन्तर्गत वार्षिक स्थानान्तरण हेतु अनुरोध के आधार प्रार्थना पत्र द्वारा आशय से प्रेषित है कि महोदय में तृतीय वृत्त लो०नि०वि० पिथौरागढ़ में प्रधान सहायक के पद पर कार्यरत हूँ। मेरी पत्नी कैंसर रोग से पीड़ित है, तथा मेरा परिवार नैनीताल में रहता है। मेरी बड़ी पुत्री दिल्ली विश्वविद्यालय से बी०एस०सी० ऑनर्स की तैयारी कर रही है, एवं छोटी बेटी नैनीताल स्कूल में अध्ययनरत है, जिस कारण मेरा परिवार अस्थ-व्यस्त हो गया है। पिथौरागढ़ अतिदूरस्थ क्षेत्र होने कारण मुझे मेरी पत्नी के चिकित्सा परीक्षण हेतु लखनऊ आने-जाने में अत्यधिक समय लगता है, तथा आर्थिक नुकसान का सामना करना पड़ता है।

वर्तमान में मेरी पत्नी का इलाज डॉ० रामनोहर लोहिया आर्युविज्ञान गोमती नगर लखनऊ में चल रहा है। चिकित्सा परीक्षण हेतु मुझे प्रत्येक तीन माह में डॉ० रामनोहर लोहिया आर्युविज्ञान अस्पताल लखनऊ जाना पड़ता है।

अतः महोदय से अनुरोध कि उपरोक्त वर्णित परिस्थितियों को मध्येनजर रखते हुए मेरा स्थानान्तरण तृतीय वृत्त लो०नि०वि० पिथौरागढ़ से द्वितीय वृत्त लो०नि०वि० नैनीताल में प्रधान सहायक के रिक्त पद पर करने की महती कृपा करेंगे ताकि मैं शासकीय कार्यों के साथ-साथ अपनी पत्नी का इलाज भी करा सकूँ, जिस हेतु प्रार्थी आपका आजीवन आभारी रहेगा।

संतान-

1. अनुरोध के आधार पर स्थानान्तरण हेतु प्रारूप-2
2. चिकित्सा परिषद द्वारा जारी प्रमाण पत्र की प्रति।
3. डॉ० रामनोहर लोहिया अस्पताल की स्वास्थ्य परीक्षण पर्ची।

प्रार्थी

*R*

प्रताप राम

(प्रधान सहायक)

तृतीय वृत्त, लो०नि०वि० पिथौरागढ़।

प्रतिलिपि-

प्रान्तीय अध्यक्ष/मंत्री वृत्तीय कार्यालय संघ लो०नि०वि० देहरादून को इस आशय प्रेषित कि मेरे उपरोक्त पारिवारिक परिस्थितियों को ध्यान में रखते हुए मेरा स्थानान्तरण तृतीय वृत्त लो०नि०वि० पिथौरागढ़से द्वितीय वृत्त लो०नि०वि० नैनीताल करने की कृपा करेंगे।

प्रताप राम

(प्रधान सहायक)

पत्रांक 2007/68ई०-03/2024 दि० 30/04/24 तृतीय वृत्त, लो०नि०वि० पिथौरागढ़।

प्रतिलिपि- मूल में प्रमुख अभियन्ता एवं विभागाध्यक्ष लो०नि०वि० व्यवस्थापन 'क' वर्ग उत्तराखण्ड देहरादून को, संस्तुति सहित अग्रसारित।

अधीक्षण अभियन्ता

तृतीय वृत्त लो०नि०वि०

30/4/24



## मण्डलीय चिकित्सा परिषद-नैनीताल।

प्रमाणित किया जाता है कि श्री प्रताप राम, प्रधान सहायक, कार्यालय - अधीक्षण अभियन्ता तृतीय वृत्त लो०नि०वि० पिथौरागढ़। जिनके हस्ताक्षर नीचे प्रमाणित किये जा रहे हैं, अपनी पत्नी श्रीमती पुष्पा आर्या, का स्वास्थ्य परीक्षण हेतु आज दिनांक 05.09.2023 को मण्डलीय चिकित्सा परिषद के समक्ष प्रस्तुत किया गया।

श्रीमती पुष्पा आर्या, उम्र - 48 वर्ष का स्वास्थ्य परीक्षण जिला चिकित्सालय नैनीताल से कराया गया, साथ ही इनके द्वारा प्रस्तुत चिकित्सा प्रमाणपत्र श्री रामगुप्ति अस्पताल बरेली एवं डा० राम मनोहर लोहिया आयुर्विज्ञान गोमती नगर लखनऊ, से प्रदत्त है को संज्ञान में लिया गया।

परीक्षणोपरान्त उन्हें It is Papillary carcinoma of Thyroid & Regional Lymph node metastasis Under treatment in RML Delhi She is Under treatment मध्याह्न 2

ड० ( श्रीमती पुष्पा आर्या, )

( श्री प्रताप राम, )

ड० प्रमाणित: सी०एम०ओ०

*BSA*

मुख्य चिकित्साधिकारी  
नैनीताल

*Jana Dey*  
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NAINITAL

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MEMBER  
ON MEDICAL BOARD  
NAINITAL

कार्यालय-मुख्य चिकित्सा अधिकारी, नैनीताल।

पत्रांक- एम-5/2023-24

दिनांक- 05 सितम्बर, 2023

प्रतिलिपि- कार्यालय - अधीक्षण अभियन्ता तृतीय वृत्त लो०नि०वि० पिथौरागढ़। को उनके पत्र दिनांक 30.08.2023 के क्रम में सूचनार्थ प्रेषित।

*BSA*

मुख्य चिकित्सा अधिकारी,  
नैनीताल

*Dr. Ram*  
 डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान, गोमती नगर, लखनऊ  
 Dr. Ram Manohar Lohia Institute of Medical Sciences  
 Gomti Nagar, Lucknow - 226010

**Open Follow-up Visiting Card**

Patient CR. 1 Diagn	CS No. PP 2023/006149 Date of Issue: 2023-07-10 Validity: 12 Months Revision: 1 (Initial)	Age & Sex: 60 Years Male Consultant: Associate Professor Department of Nuclear Medicine Dr. K.M. PMS, I.M.S.
------------------------	--	---



**Clinical Details & Advice**

18/07/23  
 WT: 59kg  
 BP: 130/80mmHg  
 P/A: 96/min

*swelling in thyroid gland*  
 ↓

USG Neck: A small hypoechoic nodule in (R) lobe of thyroid gland? suspicion of Neoplasm

A large necrotic LN is seen in (R) lower cervical region at level IV  
 ↓

HPE: (R) Lower Cervical Region cystic degeneration & metastatic deposits of Malignant thyroid neoplasm? PCT  
 ↓

CECT: a large well defined hypodense lesion 7.9 x 3.5 x 2.5 cm in (R) lower neck region, predominantly

दवाओं द्वारा दुष्प्रभाव (Drug Reactions) होने पर तत्काल फोन नं. -7000951782 एवं टोल फ्री नं.-18001803024 पर सम्पर्क करें।



Date

Clinical Details & Advice

at level III of J1 cervical node

↓

Total Thyroidectomy (15 Nov, 2022)

↓

HPE: (R) lobule, uniform.

lesion 1 x 0.8 x 0.6 cm

PCT, conventional.

margin: Free.

Angio invasion -nt

LVI -nt, PNI -nt.

Regional LNs (+) (2/9)

pT1a N1

↓

WBI; focal area of tracer uptake in the neck.  
(17/01/2023)

Plan: HIRORI ~125mci

18/01/2023

Administer HIRORI dose RAI  
~ 125mci orally ↓ NM  
ward on Bed No. (1)

18/01/2023

306



Clinical Details & Advice

10/07/2023  
10/07/2023  
GR 11/20/2023  
P/A - 23/2023

Repeat TSH, Tg & ATg  
repe

10/7/2023

346

Si Ca (x) 8.8

TSH 10.9

#3:14

Administer Levo RAI for WB I scan  
10/1/23

TSH = 59.67

Admin: WB I scan (13/07/23) - ve.

Tg = 0.08

Advice:

ATg = 0.11

- Tab Thyronam 137.5mg  
one a day x before breakfast  
x 2 days.

- Tab Calvit D3 500mg - one  
a day

- Cap Becasal - one a day x 2 days

follow up after 3 months  
repe of TSH, see Ca<sup>4</sup> (total)

Plan: follow up WB I after 6 months

13/07/2023

Date

Clinical Details & Advice



PP 21 23/00E140

PP 21 23/00E140  
14 No 1 2023 00140  
14 No 1 2023 00140  
14 No 1 2023 00140  
14 No 1 2023 00140  
14 No 1 2023 00140

C/O Uter in stat cause  
• Flatulent

WT: 57 kg  
SP: 130/80 mmHg  
P/A - 28/min

Advis: Cap Belasat once a day x 14  
- Symp Duphalar 15 ml x 5

TSH = <0.01  
Ca<sup>2+</sup> (T) = 9.45

Plan: WBI clear  
Termination date = 20/maun/2024

To stop Tab Thyronam  
from 20/ Feb/2024

Investigati:

- TSH
- Thyroglobulin
- Anti Thyroglobulin
- Serum Ca<sup>2+</sup> (total)

Dr Saush  
ST<sub>2</sub> Narek



Researcher's Name

10/15/14  
 at [unclear]  
 [unclear]  
 [unclear]

10/15/14  
 at [unclear]  
 [unclear]

1	2	3	4	5	6	7
11	12	13	14	15	16	17
(100) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
18	19	20	21	22	23	24
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
25	26	27	28	29	30	31
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
32	33	34	35	36	37	38
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
39	40	41	42	43	44	45
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
46	47	48	49	50	51	52
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
53	54	55	56	57	58	59
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
60	61	62	63	64	65	66
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
67	68	69	70	71	72	73
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
74	75	76	77	78	79	80
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
81	82	83	84	85	86	87
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
88	89	90	91	92	93	94
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)
95	96	97	98	99	100	101
(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)	(10) (10) (10) (100)

Researcher's Name

10/15/14

at [unclear]  
 [unclear]  
 [unclear]



30/09/2022

medanta



Medanta Institute of Neurosciences

Champa Pandey

MR02283547

49/F

- Whole body - labors
- Joints
- Leg pain
- hand pain - was at night
- ↓ sleep

Wt 72.9 kg  
 Bp 120/72 mmHg  
 pulse 84 bpm

- DM ⊕
- HTG
- TN ⊕

Adv - (⊕) MCA both - UC → 100  
 - CC

6

Dr. Ajay Goyal MD, DM  
 M: 9810487429  
 Dr. Anjali Goyal MD, DM  
 Medanta Clinic

- Adv - VIT - D level
- Daxar Bone Density
  - HbA1c
  - LFT, KFT
  - B12 level
  - Thi. Deposition UO w/ (⊕)
  - Urinary Neu. 51

6

Thi. Deposition Finest ⊕ w/

⇒

medanta



For Appointment: +91 98104 87429

For Emergency & Ambulance Dial: 1058

Medanta - Gurgaon

Block - 8, Sector 39, Gurgaon, Haryana - 122002, India  
T: +91 124 451 3474 or +91 124 451 3111

Medanta - Medinipur

Plot - 1, Sector - 1, Medinipur, West Bengal - 751024, India  
T: +91 943 481 4817 or +91 943 481 4818

Medanta - Medinipur Cybercity

Plot - 1, Sector - 1, Cybercity, Medinipur, West Bengal - 751024, India  
T: +91 943 481 4817

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For Appointment: +91 98104 87429

For Emergency & Ambulance Dial: 1058

Corporate Office: Medanta - Gurgaon, Haryana - 122002, India

Assessment

- 79. *Actinoptera* ✓
- 102. *Machyris* ✓ } of
- 103. *Amphiprotia* ✓ } 10
- 104. *reduncula* ✓
- ✓ 105. *Geodacis* ✓
- *Mel. Alaudis* (water)
- costa. out
- 10.04 ✓

$\frac{10}{10}$   
 100%  
 ✓



Global Health Limited  
Medanta - The Medcity

GSTIN: 09AAACC326R5C1ZZ / PAN No: AAACC326R1G

**BILL OF SUPPLY**

Invoice No.	1142346201000	Bill Date	09/04/2023 14:17
Invoice ID	44702261947	OPD No.	187612751
Invoice Type	Consumption / 451 9M 250	Visit Date	09/04/2023 14:15
Invoice Name	Shamsh Princy	Consulting Doctor	Seelama Tabitha RN
Invoice Address	Sarvodaya	Patient Phone	919288041198
Invoice City	Gurgaon	Bill Group / Corporate	CASH PA/WEBST
Invoice State	Haryana	Patient DOB	05/07/1972

	HSN/SAC Code	Qty	Total
<b>Ph &amp; CON used as part of Treatment</b>			
Ph & CON used as part of Treatment			
440001 Consumables used in Medical & Hospital	558312	1.00	0.00
<b>Visiting Consultant Charges</b>			
Visiting Consultant Charges			
44000111 Diagnostic Visit	990012	1.00	0.00
<b>Physiotherapy Charges</b>			
Physiotherapy			
990012 Physiotherapy visit upto 20 Minute	890014	1.00	500.00
<b>Total</b>			<b>500.00</b>
<b>Net Payable</b>			<b>500.00</b>
<b>Receipt</b>			<b>500.00</b>
GHPRC2304074503042023 By Cash			
<b>BS Outstanding</b>			<b>0.00</b>

NET AMOUNT  
GST Inclusive Amt Paise Zero Only

PREPARED BY  
  
Nyan Singh  
Medanta - The Medcity

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Medanta - The Medcity  
 107, Sector 39, Gurgaon, Haryana - 122001  
 Ph: 0122-4014014 Ext: 17, 11, 22, 11, 11  
 www.medanta.org





Modern Therapies (India) Pvt. Ltd.

Medanta - The Medicity

Plot No. SURACE/2581/122 / PHD No. ANO/024811

BILL OF SUPPLY

Address  
City  
State  
Pin Code

Medanta  
Gurgaon / Haryana  
Chandigarh  
New Delhi  
110001

Bill Date: 30/04/2022 15:19  
OPD No.: 167200917  
Visit Date: 30/04/2022 15:17  
Consulting Doctor: Dr Vinay Dey & Team  
Patient Phone: 919368041168  
Billing Group / Corporate: CASH PAYMENT  
Patient DOB: 05/07/1972

Admin Charges  
Consultation Charges  
Investigation Charges

HEMSAC Code	Qty	Total
00012	1.00	1500.00
<b>Total</b>		<b>1500.00</b>
<b>Net Payable</b>		<b>1500.00</b>
Receipt		1500.00
CHOPRO/1304003/05/04/2022 by Genl		1500.00
<b>Bill Outstanding</b>		<b>0.00</b>

AMOUNT IN WORDS  
Five Thousand Five Hundred And Paise Zero Only

Signature  
Modern Therapies

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CITY: NEW DELHI 110049 (INDIA) PH: +91-11-26194444

BILL OF SUPPLY

REGISTRATION NO.	REGISTRATION DATE	REGISTRATION AUTHORITY	REGISTRATION CATEGORY
REGISTRATION NO.	REGISTRATION DATE	REGISTRATION AUTHORITY	REGISTRATION CATEGORY
REGISTRATION NO.	REGISTRATION DATE	REGISTRATION AUTHORITY	REGISTRATION CATEGORY
REGISTRATION NO.	REGISTRATION DATE	REGISTRATION AUTHORITY	REGISTRATION CATEGORY

REGISTRATION NO.	REGISTRATION DATE	REGISTRATION AUTHORITY	REGISTRATION CATEGORY
REGISTRATION NO.	REGISTRATION DATE	REGISTRATION AUTHORITY	REGISTRATION CATEGORY

DESCRIPTION	HMSAC Code	Qty	Total
Medicine Consultant Charges			
Working Consultant Charges			
DIAGNOSTIC Diagnostic Visit	200112	1.00	2400.00
Neurology Charges			
Neurology			
Neurology (Consultant) (Neurology)	200212	1.50	2880.00
<b>Total</b>			<b>5280.00</b>
<b>Net Payable</b>			<b>5280.00</b>
<b>Receipt</b>			<b>5280.00</b>
DHCRC0006115600400218y PMSIARCC			
No XXXXX*****1800 Bank/Misc/Adm/			
Code/9950			
<b>Bill Outstanding</b>			<b>0.00</b>

IN WORDS  
Five Thousand Eighty Four And Paise Zero Only

PREPARED BY  
Nishu Rani  
Billing Executive

I hereby acknowledge the receipt of the bill and the services rendered by the patient and agree to pay the same.



For Emergency & Ambulance: Dial 100

<p><b>Medanta - Gurgaon</b></p> <p>Plot No. 1, Sector 39, Gurgaon, Haryana</p> <p>Phone: +91-122-4960000</p>	<p><b>Medanta - Medicity</b></p> <p>Plot No. 1, Sector 18, Medinipur, West Bengal</p> <p>Phone: +91-33-26194444</p>	<p><b>Medanta - Medicity Cyberdy</b></p> <p>Plot No. 1, Sector 18, Medinipur, West Bengal</p> <p>Phone: +91-33-26194444</p>
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मेडिकल हॉस्पिटल एण्ड  
एम्बुलेंस केयर प्रा० लि०

बहिष्कृत डॉक्टरों को भेजना  
एच एच एच डिप्लोमा गेट करने के लिए  
एच एच एच (KGMU LKO)  
एच एच एच (USAIR)  
एच एच एच आर.  
सेक्टर इलेक्ट्रिक एंड इलेक्ट्रॉनिक्स  
स्पॉर्ट्स इंजरी सेंटर  
सफाई केंद्र, नई दिल्ली  
रजि. नं. : UKMC12049  
O.E.

NAME:	Mrs. CHAMPA PANDEY	UHID:	54197 OLD
AGE:	50 YEARS / M/F	OPD:	11/5/22 SLNO: 54
GUARDIAN:	OO	DATE:	18/05/2022, 1:42 PM
MOBILE:	9499811393	VALIDITY:	18/05/2022
ADDRESS:	J.K. PURAM MUKHANI HALDWANI	DEPT:	ORTHOPEDIC

C/O- *6/21 Bf 9 me*

Diagnosis: *Ac*

*Part 1 exam with  
= removal of muscle  
from  
peroneus & biceps  
the leg  
reflexes L  
E. lacer. / muscle  
- 4th & 5th nerve root  
T-6 laceration of  
leg calcaneus  
Nerve 234*

- ये प्रमाणपत्र केवल प्रत्येक के लिए जारी किया जाएगा।
- ये प्रमाणपत्र केवल प्रमाणित डॉक्टर द्वारा प्रमाणित किया जाएगा।
- यह प्रमाणपत्र केवल प्रमाणित डॉक्टर द्वारा जारी किया जाएगा।





**मैट्रिक्स हॉस्पिटल एण्ड  
एक्सीक्यूटिव केयर प्रा० लि०**



सीएच. ऑर्थोपेडिक  
एवं प्लास्टि सिविल सर्जरी  
एम.एस. आरजी (KGMU LKO)  
एम.डी.एम. आरजी (USAM)  
एफ.ए.जे.आर.  
सेक्टर कुल्दाहा, एरिसिड ऑर्थोपेडिक  
स्पेशलिस्ट इंग्लीश सेंटर  
सुभावरमन, नई दिल्ली  
टी.नं. : UKMCI2049

NAME:	Mrs. CHAMPA PANDEY	UHD:	54197 OLD
AGE:	50 YEAR / MALE	OPD:	10198 SLNO: 70
GUARDIAN:	C/O.	DATE:	21/09/2022 1:47 PM
MOBILE:	9459311300	VALIDITY:	27/09/2022
ADDRESS:	J K PURAM NEEMHAN HALUWARI	DEPT:	ORTHOPAEDIC

C/O-

Diagnosis:

for [unclear]  
anti Hbs  
anti HBe

O/E-

R.

Acute  
No. 34-  
post - d d d d  
stabilize patient  
The laboratory test  
Op. scheduled  
21/9

- नैऋत्य/प्रक्रिया नका इत्यादीं त्वा नित्य अथवा तातन्वय नका त्वा त्वा त्वा
- त्वा इत्यादी त्वा त्वा त्वा त्वा त्वा त्वा
- त्वा त्वा त्वा त्वा त्वा त्वा त्वा त्वा
- त्वा त्वा त्वा त्वा त्वा त्वा त्वा त्वा



मैट्रिक्स हॉस्पिटल एण्ड  
एक्सिडेंट केयर प्रा० लि०

NAME: Mrs. CHAMPA PANDEY  
AGE: 50 YEAR / MALE  
GUARDIAN: CH  
MOBILE: 9456911303  
ADDRESS: J.K. PURAM MURHANI HALDWAN

UHID: 54197 OLD  
DPD: 18921 SLNO: 14  
DATE: 10/08/2022 2:06 PM  
VALIDITY: 10/09/2022  
DEPT: PHYSIOTHERAPY

**CHIEF COMPLAINTS**

- PAINFULL

**DIAGNOSIS**

- L5/S1

**TREATMENT PLANNED**

- BND
- ULTRA-SOUND
- TENS
- SPINAL EXTENSION EXERCISES

**FOLLOW UP ADVICE**

- अभी की लक्षण न हटने
- धीरे समान न उठाये
- सातवें पर व्यायाम को दिन में दो बार पर पर भी दोहराये
- किसी भी अग्रिम स्थिति होने पर संपर्क करें 94118254828, 94569132881

*g < 10 days*

*Shubh*



Patient Name	: CHAMPA PANDEY	Patient ID	: 1939
Sex / Age	: 50Y F	Report Date/Time	: 12/09/2022
Modality	: MR	Ref. Phys. DR.	: PRADEEP K. PANDEY MS, MCh

## EXAMINATION: MRI STUDY OF LUMBO-SACRAL SPINE WITH SCREENING OF WHOLE SPINE

### EXAMINATION PROTOCOL:

MRI study of lumbo-sacral spine was performed using T1W, T2W sagittal and axial, STIR coronal images. Whole spine screening was performed using T2W sagittal images.

### OBSERVATION:

Vertebral alignment is normal.

Lumbar spine is straightened.

Tiny osteophytes are seen involving multiple levels in lumbar spine.

Diffuse disc desiccation is seen at L4-L5 and L5-S1 levels in lumbar spine.

Diffuse disc bulge is seen at L4-L5 and L5-S1 levels causing effacement of thecal sac and bilateral lateral recess with indentation over bilateral exiting nerve roots.

Central annular tear is seen at L5-S1 level.

Rest of the lumbar vertebral bodies and remaining intervertebral discs reveal normal signal intensity. Visualized pre and paravertebral soft tissues are unremarkable.

No evidence of ligamentum flavum thickening or facet joint arthropathy is seen.

The conus medullaris terminates at L1 level and the thecal sac terminates at S1-S2 level.

The antero-posterior dimensions of the lumbar spine are:

L1-L2 1mm	L2-L3 1mm	L3-L4 1mm	L4-L5 1mm	L5-S1 1mm
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### IMPRESSION:

Diffuse disc bulge is seen at L4-L5 and L5-S1 levels causing effacement of thecal sac and bilateral lateral recess with indentation over bilateral exiting nerve roots.





NAME:	Mrs. CHAMPA PANDEY	UHD:	189022-357314 NEW
AGE:	50 YEAR / FEMALE	OPD:	32729 SLNO: 1
GUARDIAN:	W/O	DATE:	10/10/2022 7:40 AM
MOBILE:	9406611393	VALIDITY:	18/10/2022
ADDRESS:		DEPT:	ORTHOPEDIC

### उपरोक्त रोगियों के लिये

- सर्किंग कार्पोरल प्लेटिंग
- इन्टर लॉक रेसिंग
- जोड़ों को बदलने की सुविधा
- दूरबीन ज़िंकि द्वारा जलवायु जोड़ों की जांच एवं उपचार
- पैर की हड्डी का एच एच केसिलर से विभिन्न प्रकार के उपचार
- इलीजरो
- मिडिलियोरिथी

### कृपया ध्यान दें :-

- प्लास्टर को सही म कर न घाटें वही ठीक कर न करें करें।
- पैर या हाथ को प्लास्टर के उपरान्त कंधे नहीं एवं अंगुलियां चलाते हैं।

### तुलना सम्पर्क करें।

कई प्लास्टर टूट जाता है, चीन्हा बंध जाता है या अंगुलिमात्रक होता है। यदि किसी प्रकार का दर्द होता है। यदि अंगुलिमां सुन्न नहीं या घावों में अंगुलिमां हो। यदि अंगुलिमां भीली बनने लगे।

उपरोक्त जानकारी विकिपेडिया 24 घंटे उपलब्ध है।

A: LGA = Radrolofipilly

Planis Band (Aniof) inserted  
Landing 1.5ft  
Foot 2.5ft 2.5ft  
By Aniof (6.5ft) in the  
of same 2.5ft  
not covered by 1.5ft  
not covered by 1.5ft  
By Aniof (6.5ft) in the  
not covered by 1.5ft  
not covered by 1.5ft  
not covered by 1.5ft  
not covered by 1.5ft

NAME:	Mrs. CHAMPA FANDEY	UHID:	101022-067514 OLD
AGE:	50 YEAR / FEMALE	OPD:	35104 SLNO: 11
GUARDIAN:	W/O	DATE:	29/10/2022 2:59 AM
MOBILE:	9496911383	VALIDITY:	01/11/2022
ADDRESS:		DEPT:	ORTHOPEDIC

**गर्भ रोग विशेषज्ञ**

- सक्रिय गर्भरक्त प्रोटिन
- इन्टर ग्लॉबुलिन
- जोड़ों को बदलने की सुविधा
- दूरगमन विधि द्वारा समस्त जोड़ों को जोड़ा एवं लपकाया
- रीट को हड्डी का बंध एवं फेफरन के विभिन्न प्रकार को लपकाया
- हस्तीजारी
- फिजियोथेरेपी

**कृपया ध्यान दें :-**

- प्लास्टर को पीछा न करें व कटते नहीं तथा घबरे न करें करें।
- पैर या हाथों को प्लास्टर के उपस्थान में रखें एवं संतुलित रखें।

**सुदृढ़ सम्पर्क करें।**

यदि प्लास्टर टूट जाय है, पीछा न करें व घबरे न करें।  
यदि किसी प्रकार का दर्द होय है।  
यदि संतुलित रखने पर प्लास्टर में अस्थिरता होय है।  
यदि संतुलित नहीं करने सके।

गर्भ रोग विशेषज्ञ  
24 घंटे उपलब्ध है।

*Handwritten notes in Hindi:*  
Left hand - 2nd metacarpal fracture  
Right hand - 1st metacarpal fracture  
Left hand - 2nd metacarpal fracture  
Right hand - 1st metacarpal fracture  
Left hand - 2nd metacarpal fracture  
Right hand - 1st metacarpal fracture  
Left hand - 2nd metacarpal fracture  
Right hand - 1st metacarpal fracture



NAME:	Mrs. CHAMPA PANDEY	UHID:	241122-382604 NEW
AGE:	30 YEAR / FEMALE	OPD:	40454 SLNO: 23
GUARDIAN:	N/C	DATE:	24/11/2022 11:21 AM
MOBILE:	9456815709	VALIDITY:	30/11/2022
ADDRESS:	HALIDWARI	DEPT:	ORTHOPEDIC

**गुरुकुल सुझावः**

- सक्रिय कम्प्रेसन थैरेपी
- इन्टर लॉक थैरेपी
- जोड़ों को बदलने की सुविधा
- दृढ़ताप विधि द्वारा कंधा जोड़ों की जंक एवं उपचार
- रीट की इन्वो का दर्द एवं बेसपार के विभिन्न प्रकार के उपचार
- इलीजरो
- फिजियोथेरेपी

**सुधदा ध्यान दें :-**

- प्लास्टर को गीला न करें व काटें नहीं तथा चर्ब न करें।
- पैर या हाथ को प्लास्टर के उपरूनत ऊंचा रखें एवं अंगुलियों हलकी करें।

**तुरन्त सम्पर्क करें।**

बड़े प्लास्टर टूट जायें।  
जोड़ों पर जोड़ों में या अंगुलियों पर दर्द हो।  
जोड़ों में जोड़ों पर जोड़ों में दर्द हो।  
जोड़ों अंगुलियों में दर्द हो।  
जोड़ों में अंगुलियों में दर्द हो।  
जोड़ों अंगुलियों में दर्द हो।

सभी आन्तरिक विकिसर 24 घंटे उपलब्ध है।

*Handwritten notes:*  
A. 100% P.A. Rehabilitation  
- Physiotherapy / IPT / (S) / (S) / (S)  
- Back Exh. Encouraged  
Plan: 2nd Week functional  
loading / walking  
- 1st Week: 100%  
- 2nd Week: Actual walking  
- 3rd Week: 100%  
- 4th Week: 100%  
- 5th Week: 100%  
- 6th Week: 100%  
- 7th Week: 100%  
- 8th Week: 100%  
- 9th Week: 100%  
- 10th Week: 100%



मेट्रिक्स हॉस्पिटल एण्ड  
एकेडमिक केयर प्रा. लि.  
इन्वीन द्वारा जादों के ऑपरेशन एव जांट प्रत्यारोपण केन्द्र

मेट्रिक्स ओर्थोपेडिक  
एव स्पाइड रिपेयरमेंट सर्सिस  
एन एच जोशी (KGMCLAU)  
एन सी एच जोशी (USAIM)  
फेलो ऑर्थोपेडिस्ट्री एव  
ऑर्थोपेडोपी  
इंग्लैण्ड, ऑस्ट्रेलिया, दिल्ली  
रजि. नं. UKMCI2949

Patient Name: Mr. G. K. KADAM  
Address: 1/10, PUNJABI BAGH, NEW DELHI  
Upto No: 54787  
OPD No: 75510

Age / Sex: 40 / Male  
Date: 28/04/2024  
Valid Upto: 30/04/2024

MR. DR. NRI. DAD. GORD. ANILU. CHAKR. DR. SURAJ. MR. DR. ANU.

CO: L5/S6 + gluteal  
Diagnosis: Spinal Cord

S. - A. -  
X<sup>2</sup> L5/S6 space with conus - lat

- Prostate @  
- HIV done / conus lat  
- soft tissue  
- L5/S6  
- conus lat  
- conus lat

• ये पोलिसाइटोसिस एव प्रोस्टाट में  
होने वाली प्रतिक्रियाएँ हैं।  
• ये प्रोस्टाट को नहीं स्पर्श करते हैं।  
• एच आई वि. एच. ए. ए. ए. ए. ए.  
• एच आई वि. ए. ए. ए. ए. ए.



# MAA DURGA AYURVEDIC PAIN MANAGEMENT CENTRE

Mukhani Chauraha, Haldwani (Nainital)  
E-mail- mdpmc2022@gmail.com

Dr. Sanjay Chauhan  
BAMS, Ayurvedic Physician  
Reg. No.- UK1836  
Specializations: Agni Karma,  
Panchkarma, Marma Chikitsa  
9557173329

Name: Shri. Ramesh Age: 55 Sex: M Date: 6/5/2023

**(प्राथमिक एवं द्वितीयक)**

- मधुमेहा (Diabetes/Mellitus)
- आमवात (Rheumatoid arthritis)
- गठ्ठाघात (Gout)
- कम्मरदर्द (Backache)
- डिस्क प्रोलेप्स (Disc Prolapse)
- डिस्क बलजिंग (Disc Bulging)
- गर्दन दर्द (Cervical Spondylosis)
- कटिनाल्युङ्गल (Sciatica)
- टोनाय एल्बो (Tennis Elbow)
- घाटुघेन (Migraine)
- शरीरक प्रत्यक्ष या अपर १११

*Handwritten notes:*  
 1. 15/10/2022  
 2. 15/10/2022  
 3. 15/10/2022  
 4. 15/10/2022  
 5. 15/10/2022

Wt:  
BP: 110/72  
Pulse: 62 bpm  
Temperature: 37

*Handwritten notes:*  
 1. 4/10/2022  
 2. 4/10/2022  
 3. 4/10/2022  
 4. 4/10/2022  
 5. 4/10/2022

*Handwritten notes:*  
 1. 4/10/2022  
 2. 4/10/2022  
 3. 4/10/2022  
 4. 4/10/2022  
 5. 4/10/2022

समय :  
 प्रातः १०:०० बजे से  
 १२:०० बजे तक  
 सां. ०५:०० बजे से  
 ०८:०० बजे तक





Chief Complaints & History:

Chronic Itchy Rash

Physical Assessment: 10/10

Diagnosis: Pruritic Itchy Rash

- Allergy  
 - Irritation  
...

Treatment:

- Oral Pseudo + Bepi...
- Topical PAMIP - 100 mg...
- Topical ELOXON - 50 mg...
- Topical TENDOSTRONG - 0.1 BDC...

10/10

1. ...  
 2. ...  
 3. ...  
 4. ...  
 5. ...

यदि कृपया रात में निद्रा न हो सके तो  
 अतिरिक्त डॉक्टर से संपर्क करें।  
 रविवार - केवल आपातकालीन सुविधा  
 24 घण्टे इमरजेंसी सेवा उपलब्ध।  
 अलार्म का समय: प्रातः 10 से रात 6 बजे तक  
 दृष्टीय विधि द्वारा कनेक्टिंग के ऑपरेशन की सुविधा उपलब्ध।



# PATHOLOGY CLINIC

Kidulbungsi Road, HALDIGHATI - 261115 Dist: Nainital (Uttarakhand)

CLINIC HOURS: 8:00 AM TO 8:00 PM  
SUNDAY CLOSED

To (Mr) Anil Jais

M.B.B.S. M.D. Pathologist

Lab No: SP/22/11

Date: 12/01/2019

Age: 46 Yrs

Sex: M

Name: Mr. CHANDRANAND

Ref By: Dr. M.K. JOSHI M.D.

Test Name	Unit	Ref	Result
-----------	------	-----	--------

## BIOCHEMISTRY

GLUCOSE (Fasting FBS)	mg/dl	100	100
SERUM CREATININE	mg/dl	1.4	0.6-1.2
SGPT	U/L	60	0-40
SERUM ALPHA AMYLASE KINETIC METHODIC ANALYSIS	U/L	60	0-100

## HAEMATOLOGY

TOTAL LEUCOCYTE COUNT (TLC)	/mm <sup>3</sup>	9100	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	%	75	50-70
LYMPHOCYTE	%	18	20-40
EOSINOPHIL	%	7	1-5
ESR (WESTGREN'S METHOD)	mm/hr	10	0-20
HAEMOGLOBIN (Hb)	g/dl	17.1	12-16
PLATELET COUNT	/mm <sup>3</sup>	1.4	1.5-4.5

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



Dr. Chandan Singh	Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh
Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh
Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh
Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh	Dr. Anshu Singh

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Ref. Int. Interval	Method
Glucose Fasting **	147.80	mg/dl	- 100 Normal 100-125 Pre-diabetic ≥ 125 Diabetic	POD GOD

**Interpretation:**  
 a) Kindly correlate clinically with other of hepatobiliary system, drug disease, vitamins and other drug interactions.  
 b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetic in future, which is why an Annual Health Check up is essential.  
 c) IGT - Impaired Glucose Tolerance.

\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, BANGUR



अनुरोध के आधार पर आवेदन करने का प्रारूप-2

क्र0 सं0	नाम	पदनाम	वर्तमान कार्यालय का नाम	गृह जनपद / तहसील का नाम	स्थानान्तरण हेतु 10 दैखिक स्थान वरियता के क्रम में	एक्ट की धारा जिले के अन्तर्गत अनुरोध किया गया है	8	9
1	2	3	4	5	6	7	8	9
1	गणेश चन्द	प्रधान सहायक	12वाँ वृत्त, लोनिठिओ, पीडी	पीडी/श्रीनगर	वर्तमान में इसी वृत्त में रहने का इच्छुक हूँ।	<input type="checkbox"/> धारा 17(2)(घ) <input checked="" type="checkbox"/> धारा के नाम के आगे ✓ लगाये	प्रस्तुत साक्ष्यों का विवरण सत्तान युनाव मिडरि 01/चू0कठ0भि0सं0पीडी/20 दिनांक 10.04.2023	दिनांक 10.04.2023 को उल्लेखित लोक निर्माण विभाग वृत्तीय निम्नस्वीयल संघ के प्रदेश अध्यक्ष श्री सुरेन्द्र प्रसाद बडेरी की अध्यक्षता में वृत्तीय कार्यालय निम्नस्वीयल संघ का द्विद्विदिदि युनाव किये जाने के फलस्वरूप प्रार्थी को जनपदीय कार्यकारिणी का जनपदीय सचिव धीवित किया गया है। अतः प्रार्थी को धारा 17(2)(घ) के तहत इस वृत्त में यथावत रखने की कृपा कीजिएगा।

हस्ताक्षर (कार्मिक)

नाम- गणेश चन्द

पदनाम- प्रधान सहायक

हस्ताक्षर (कार्यालय/अध्यक्ष)

नाम- पीएस0वृजवाल

पदनाम- अधीक्षण अभियन्ता

उत्तराखण्ड लोक निर्माण विभाग वृत्तीय कार्यालय मिनिस्टीरियल संघ  
(शा०सं० 1314 लो०नि०-2/2004-234(सामान्य)/2002,दि० 19.11.2004 द्वारा मान्यता प्राप्त)

॥ चुनाव विज्ञापि ॥

आज दिनांक 10.04.2023 को उत्तराखण्ड लोक निर्माण विभाग वृत्तीय कार्यालय मिनिस्टीरियल संघ के प्रदेश अध्यक्ष श्री सुरेन्द्र प्रसाद बछेती की अध्यक्षता में वृत्तीय कार्यालय मिनिस्टीरियल संघ का द्विवार्षिक चुनाव सम्पन्न हुआ, उक्त चुनाव में 12 वॉ वृत्त लो०नि०वि० पौड़ी / पी०एम०जी०एस०वाई०, वृत्त, लो०नि०वि० श्रीनगर के सदस्यों द्वारा प्रतिभाग किया गया, जिसमें जनपदीय कार्यकारिणी के निम्नलिखित पदाधिकारियों को निर्विरोध निर्वाचित घोषित किया गया है।

- |                           |                                |                     |
|---------------------------|--------------------------------|---------------------|
| 1. श्री सोहन सिंह भण्डारी | 12 वॉ वृत्त लो०नि०वि० पौड़ी    | - जनपदीय अध्यक्ष    |
| 2. श्री सोहन सिंह रावत    | 12 वॉ वृत्त लो०नि०वि० पौड़ी    | - जनपदीय उपाध्यक्ष  |
| 3. श्री गणेश चन्द्र भट्ट  | पी०एम०जी०एस०वाई० वृत्त श्रीनगर | - जनपदीय सचिव       |
| 4. श्री मोहन सिंह         | 12 वॉ वृत्त लो०नि०वि० पौड़ी    | - जनपदीय कोषाध्यक्ष |
| 5. श्री सन्दीप असवाल      | 12 वॉ वृत्त लो०नि०वि० पौड़ी    | - जनपदीय सम्प्रक्षक |

भवदीय,


  
(सोहन सिंह भण्डारी)  
जनपदीय अध्यक्ष

पत्रांक 01/वृ०का०मि०सं०पौड़ी/2023

दिनांक 10.04.2023

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

1. प्रमुख अभियन्ता एवं विभागाध्यक्ष, उत्तराखण्ड लो०नि०वि० देहरादून।
2. मुख्य अभियन्ता ग०क्षे०, लोक निर्माण विभाग, पौड़ी।
3. जिलाधिकारी गढ़वाल।
4. अधीक्षण अभियन्ता 12 वॉ वृत्त लो०नि०वि० पौड़ी।
5. अधीक्षण अभियन्ता, पी०एम०जी०एस०वाई० वृत्त लो०नि०वि०, श्रीनगर।
6. प्रदेश अध्यक्ष/महामंत्री, उत्तराखण्ड लोक निर्माण विभाग वृत्तीय कार्यालय मिनिस्टीरियल संघ।
7. मण्डलीय अध्यक्ष/महामंत्री उत्तराखण्ड लोक निर्माण विभाग वृत्तीय कार्यालय मिनिस्टीरियल संघ।
8. समस्त पदाधिकारी, जनपदीय कार्यकारिणी, पौड़ी।

  
(गणेश चन्द्र भट्ट)  
जनपदीय सचिव