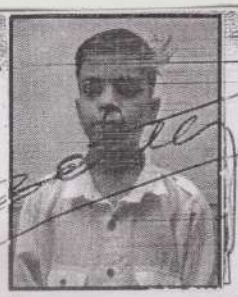
GOVIND BALLABH PANT INSTITUTE OF
POST GRADUATE MEDICAL EDUCATION & RESEARCH
GOVT. OF NCT OF DELHI, 1 J L N MARG NEW DELH

A-53



Patient Aadhar Card No. 509545138921

(ESTIMATES FORM FOR ALL SURGERIES AND PROCEDURES OF GIPMER HOSPITAL)

(TO BE FILLED BY THE TREATING CONSULTANT/SURGEON)

Colums 1,2,3 & 4 as per documents /OPD form Ration Card and Voter ID Card.

1. Name of the Patient: MD HASAN S/D/W/O: MD SABIR
2. Address Bhangli Araria Bihar
3. Age 12 Sex M Treating Department CTVS
4. OPD/CR No. 2023601178 Treating Consultant/Surgeon Dr Vitthal Kund M Betigeri
5. Diagnosis of the Diseases RHD/ SW MR/ MVD TR
6. Details of Consumables, treatment/operation required MVR

Biomedics Mechanical Mitral Valve Prosthesis (1)

7. Whether the patient pertains to

(A) Self-Paid (B) Dan/RAN (C) Any other source of funding

Note: The patient will tentatively admitted/operation date After Blood donation/ Arrangement / Financial Deposition

Signature & Stamp of treating consultant/surgeon

(To be filled by the Purchase Department) Amount + applicable tax = ...

(Rupees in words : .....)

Note : THE DEMAND DRAFT MUST BE ISSUED IIN THE NAME OF FOLLOWING ALONG WITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. THIS CERTIFICCATE IS ISSUED ONLY ONE TIME DECLARATIONBY PATIENT.

Demand Draft in favor of : "MEDICAL SUPERINTENDENT, G B PANT HOSPITAL, NEW DELHI"

I have not applied for another estimate from any other department : DAN/RAN/PMO etc.

Signature of Patient/Relative.....

Signature of Medical Superintendent, GIPMER

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Copy to : 1. Treating Surgeon/Consultant.
2.Purchase offices (With photocopy of receipt of payment).

Govt. of N.C.T. of Delhi

गोविन्द बल्लभ पन्त स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान

GOVIND BALLABH PANT INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (GIPMER)

1, Jawahar Lal Nehru Marg, New Delhi-110 002

स्वच्छ भारत एक कदम स्वच्छता की ओर

Pre Anaesthesia Checkup (PAC Form)

Name: Md. Husain | Unit Dr. Aruima | C.R. No./OPD No. 11178 | Date 4-7-2017

Age/Sex: | Blood Group | Ward/OPD | PAC No. 38049

Diagnosis: 12/M

Proposed Surgery RHD (N) vaginal delivery

History:

Cough	Chest Pain (+)	Seizures	Hypertension
Expectoration	Palpitation	Paresis	Diabetes
Dyspnoea - I II III IV	Syncope	Jaundice (-)	CAD
COPD (-)	Oedema	Tuberculosis	Bleeding Disorders (-)
Smoking/Alcohol	Cyanosis	Fever	
Previous Surgery			
Drug Allergy			
Drug Therapy			

Examination:

Pulse	B.P.	Wt. 30 Kg.	Build: Good/Poor/Average
Oral hygiene: Good/Poor	Loose Tooth (-)	Artificial Denture +/- (-)	Intubation Difficulty (-)
M.P.G.: I/II/III/IV I			

Systemic Examination:

Resp. System:

CVS

CNS

GIT

Investigations:

Hemogram:

Hb 11.1 TLC 7400 DLC P 58 L 36 M 03 E 03 ESR

Platelets 2.12 lc. BT CT PT (T - 13.2, C - 11.8) (Cont. Sec.) INR - 1.1

Biochemistry

LFT: Bilirubin 0.2 SGOT 27 SGPT 13 Alk PO_4 ase 303

Proteins 7.8 Alb 4.3

KFT: Urea 18 Creatinine 0.5 Serum Na/K 139/3.8.

Others:

Blood Sugar (F) (Random) 91 (PP)

ASO <200 CRP Negative Hbs Ag +/- (-) HCV +/- (-) HIV +/- (-)

ECG

Echocardiography: EF - 60%; RHD, Sev. eccentric MR, Mild TR

Angiography

Pulmonary Function Tests

X-ray Chest WNAD.

Any Other Remarks:

Adv.

- Pt. provisionally fit for Sx
- NPO - 8hrs before Sx

ASA Grading I/II/III/IV/E

Advice:

Nil By Mouth

Premedication

Review PAC

Name:

Signature:

Designation:

ITO to reviewed by OT consultant - before posting

MGIPMRND—417/GBPH—5000 Pads x 100 leaves—21.11.2018.

Peds 3334/23

8210994940

Continuation Sheet (OPD)

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES
NEW DELHI

Name MD Hasan Age 13 Sex M OPD Reg. No. 33375

58
12/6/23
12 PM

Patient requires clearance for cardiac surg.
Consent obtained for dental procedure.
CAT Dr. Sakshi (PG) for management
RPD 12/06/23, 9:00 a
17.

Dr.
12:02pm

Pt. rejected at 10:45.

28
17/6/23
10:11

RM, amount
Adv extraction fee

6 | 6

RPD 21/06/23, 10:00.

Dr. Sakshi (PG)

S3
21/6/23
10/12

(CONTINUATION SHEET)

Extraction done LA / 6

Instruction given.

PIRO 29/06/23, 10:00

P Sen

S3
21/6/23
10/12

old case of Dr. Sakshi (PG)

S8
30/6/23
10/58

old case of Dr. Sakshi (PG)

Extraction done LA / 6

Post opt instruction given.

R/ Cap. Amoxicillin 500mg SOS
Tab. Ibuprofen 200mg SOS
} x 3 days

Dental treatment Complete.

PIRA 1 week f/u

Instructions

IN CASE OF ORAL SURGERY EMERGENCY CALL 9968663925

LOK NAYAK HOSPITAL

NEW DELHI – 110002

लोक नायक अस्पताल

नई दिल्ली – 110002

GOVERNMENT NATIONAL CAPITAL TERRITORY OF DELHI

EPBX No. : 23233400, 23232400
Casuality No. : 23235152
M.S. Office Fax No. : 23232870
E-mail: lnhmsoffice@gmail.com
msinh@nic.in

OUT PATIENT REGISTRATION CARD

Queue Token No. : 38

pt	ENT	DR P K RATHORE (WED-SAT)		Room No	610	OPD Reg. No.	115408125		
me	MD HUSSAIN	Sex	M	Age	13 Y	Date	24 MAY 2023 10:13 AM	Marital Status	
D/W	S/O : MD SABIR	Area / Location	VILLAGE MILI DUMARIYA , POST BHANGI DISTT PATNA , BIHAR		Referred to Dept	ENT		Contact No.	
ligion		Nationality	INDIAN	Occupation		APL	BPL	Monthly Income	
) B		Birth Wt(K.g.)		Wt(Kg.)		HC(Cms.)		Ht(Cms.)	

munization	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Measies	MMR	Typhoid	Oth

OVISIONAL DIAGNOSIS :

Allergic to :

VESTIGATIONS	DATE	CLINICAL FINDINGS & REPORTS	TREATMENT
ematology / TLC / DLC R telet Count / CT / PT		K/C/o RHD | MR | Mild TR. Planned for Surgery at GBP	
INE EXAM gar roscopy S		NO C/o ear discharge/ nasal obstruction NO C/o Recurrent Tonsillitis	
D-CHEMISTRY I Suger F /PP/ R cosylated Hb. Uria Creatinine Uric Acid Electrolytes Calcium Phosphorus id Profile L Bilirubin /T /D /I OT (ALT) PT (AST) ALK. Phosp Protein Total bulin Ratio thrombiln Time /INR		TM (L) (N) (L) (N) WNL Nose A/R – WNL Throat – gl II tonsillar Enlargement	Adv No active ENT Sx intervention reqd at present
DIOLOGY ay Chest G Scan / MRI			
CROBIOLOGY sAg / D Widal od C/S S			
HERS G HO G od Group		Sign. /Name/Designation of Doctor Date & Time: 24 MAY, 2023 10:13	

Redo — 3334/23 8210994940

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES
(AN AUTONOMUS BODY UNDER GOVT. OF NCT OF DELHI)
MAMC COMPLEX, NEW DELHI-110002

(OPD CARD)
OUT PATIENT REGISTRATION CARD

O.P.D. Regn. No. :	
Date/Time :	
Queue Token No. :	
Name :	
Sex : Age :	
S/D/W of :	
Address :	
E-mail :	
Phone No. :	

UHID:20230033375 Fees : Rs. 10.00 TOKEN NO : 246
DATE:31-05-2023 10:43:12 AM General
MR. MD HASAN
Age : 13Y (Male) Oral Medicine and Radiology OPD/1/1
S/O MD SABIR
VILL. Araria, BIHAR, INDIA
NON MLC

"In Case of Emergency, please Contact 9873335500"

Provisional Diagnosis		Referral to Deptt.	

Date	Investigation	History / Clinical / Findings / Reports	Treatment / Instructions
86 31/5/23 11/25		K/c/o RHD / severe eccentric MR / Mild TR ↓ medication. Patient refused from GB Pant Hospital for dental clearance O/E: Grossly carious 6/6 (Adv: RVG)	

Sound tooth with sound foundation, helps you enjoy without hesitation.

OIC, GIPRB,ND–567MAIDS/60,000Loose-2020.

To

The Duty Doctor

Lok Nayak hospital (Dept of Pediatric)

Respected Sir/Ma'am,

Hereby referring a 13 years old patient with a K/C/O RHK/severe eccentric MK/mild YK, & Medicated this patient requires extractions, root canal treatment under local anesthesia which makes bleeding. Kindly advise :—

① whether the procedure can be performed or not

② 2% lignocaine with/without adrenaline which can be given. (1:200000)

③ which antibiotic/antiinflammatory can be prescribed

④ Fitness & precautions to be taken.

thanking you.

Dr. Kinsha Anand (PG-1)

Dr. Amrit Johar

Dr. Amrit Johar
Professor and Preventive Dentistry
Maulana Azad Institute of Dental Sciences,
New Delhi-110002

LOK NAYAK HOSPITAL

NEW DELHI – 110002

लोक नायक अस्पताल

नई दिल्ली – 110002

GOVERNMENT NATIONAL CAPITAL TERRITORY OF DELHI

EPBX No. : 23233400, 23232400
Casuality No. : 23235152
M.S. Office Fax No. : 23232870
E-mail: lnhmsoffice@gmail.com
msinh@nic.in

Queue Token No. : 23

OUT PATIENT REGISTRATION CARD

pt	MEDICINE	DR SURESH KUMAR (MON-THU)		Room No	311B	OPD Reg. No.	115446326		
me	MOHD HASAN	Sex	M	Age	13 Y	Date	08 JUN 2023 9:37 AM	Marital Status	
D/W	S/O : MOHD SABIR	Area / Location	VILLAGE ARARIA DISTT , BIHAR			Referred to Dept	MEDICINE	Contact No.	
ligion		Nationality	INDIAN	Occupation		APL	BPL	Monthly Income	
) B		Birth Wt(K.g.)		Wt(Kg.)		HC(Cms.)		Ht(Cms.)	

munization	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Measies	MMR	Typhoid	Othe

OVISIONAL DIAGNOSIS :

Allergic to :

VESTIGATIONS	DATE	CLINICAL FINDINGS & REPORTS	TREATMENT
ematology / TLC / DLC R telet Count / CT / PT INE EXAM gar roscopy S O-CHEMISTRY I Suger F /PP/ R cosylated Hb. Uria Creatinine Uric Acid Electrolytes Calcium Phosphorus id Profile [Bilirubin /T /D /I OT (ALT) PT (AST) ALK. Phosp Protein Total bulin Ratio thrombiln Time /INR DIOLOGY tay Chest G Scan / MRI CROBIOLOGY sAg / D P Widal od C/S S HERS G HO G od Group	12/6/23	Patient is to be seen on Monday K/C/O RHD/ Severe MR /mild TR (1 medication) Referred for questions related to MR/RHD	L. N. HOSPITAL 6 12 JUN 2023 REVISIT Rx (1) Refer to GB pant cardiology for the same (2) continue medication from GB pant Dr KUNAL SURI Senior Resident Department of Medicine Lok Nayak Hospital New Delhi D-431-435

Sign. /Name/Designation of Doctor
Date & Time: 08 JUN, 2023 09:37

UHID: 20230011178

G B PANT INSTITUTE
OF POST GRADUATE MEDICAL EDUCATION AND RESEARCH
GNCT of DELHI JLN Marg New Delhi

CONSULTING ROOM NO :409, TOKEN NO : 30
Clinic CTVS Dr VITHALKUMAR M BETIGERI
Days:TUE,WED
LAST VISIT DATE:19/05/2023

EHR ID : 23000238009914515

OUT PATIENT RECORD
Re-visit

Name : MR. MD HUSAIN
Department : CTVS
Dept No. : 2023/077/0001740
Date of Registration : 23-05-2023 11:10:38 AM
Unit: : 2 Dr Harpreet Singh
Age : 12Y 3M 13D
Billing Type : General
Mobile No : *******940
Address : VILLAGE- MILKI DUMARIYA POST-BHANGI BHAYA PATNAH, Araria, BIHAR, INDIA
Patient Type:NON MLC

Fee : 0.00
Sex : Male
S/O MD SABIR
Email :
Occupation : OTHER
Prepared by:Mr. Krishan Kumar

RHD /Sev. MR / Mild TR : 1 GF60%. MVR
Eccentric

CBC c PU, LFT/KFT/SE., PT/INR
ASO/CRP, HIV, HBsAg, HCV, Urine routine
Blood urine sputum - cultures, CXR PA (Lat-), ECG
USG Abdomen HPV axis
2D ECHO 19 PAC.

Dental / ENT clearance.

T. erythromycin 250 BD
T. Dyoxin 0.25 OD
T. Dytor Plus ½ OD
T. Betaloc 25 BD
T. RNVAS 2.5 BD
x 3 months

Dr. Rishma Bhatia
Senior Resident
Department of CTVS
GIPMER, New Delhi-110002

3/07/23
23/05/23

आर्थिक रूप से कमजोर वर्ग और दिल्ली आरोग्य कोष की सुविधा प्राप्त करने हेतु रोगी ई0डब्ल्यू0एस0 सेल

04 JUL

REGISTRATION

भारत सरकार
Government of India

Savir
जन्म तिथि / DOB : 01/01/1984
पुरुष / Male

3018 7435 1172

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O Sahadat, -, -, Milki Dumaria, Bhanghi, Bhangahi, Araria, Bihar, 854316

Address: S/O Sahadat, -, -, Milki Dumaria, Bhanghi, Bhangahi, Araria, Bihar, 854316

3018 7435 1172

1947

help@uidai.gov.in

www.uidai.gov.in

भारत सरकार
Government of India

आधार

मो हसन
Md Hasan
जन्म तिथि/DOB: 19/12/2010
पुरुष/ MALE

Issue Date: 22/01/2017

5095 4513 8921
VID : 9179 9804 6465 8834
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
आत्मज: मो साबिर, वॉर्ड-07, मिल्की डूमरिया, भंगही,
अररिया,
बिहार - 854316

Address:
S/O: Md Sabir, ward-07, milki dumariya,
Bhanghi, Araria,
Bihar - 854316

Download Date: 26/01/2023

5095 4513 8921
VID : 9179 9804 6465 8834

1947 | help@uidai.gov.in | www.uidai.gov.in

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GOVIND BALLABH PANT INSTITUTE OF
POST GRADUATE MEDICAL EDUCATION & RESEARCH
GOVT. OF NCT OF DELHI, 1 J L N MARG NEW DELH

Patient Aadhar Card No. 509545738921

(ESTIMATES FORM FOR ALL SURGERIES AND PROCEDURES OF GIPMER HOSPITAL)

(TO BE FILLED BY THE TREATING CONSULTANT/SURGEON)

Dr. MITHAKUMAR M. BETIGERI
DIRECTOR PROFESSOR
DEPARTMENT OF CTVS
GIPMER, New Delhi-02

Colums 1,2,3 & 4 as per documents /OPD form Ration Card and Voter ID Card.

1. Name of the Patient: MD HASAN S/D/W/O: MD SABIR
2. Address Bhangri Araria Bihar
3. Age 12 Sex M Treating Department CTVS
4. OPD/CR No. 2023/01/11178 TreatingConsultant/Surgeon Dr Mithakumar Kund M Betigeri
5. Diagnosis of the Diseases RHD/ SW MR/ Mild TR
6. Details of Consumables, treatment/operation required MVR
Biomedics Mechanical Mitral valve prosthesis (1)
Mild RC Tricuspid valve
11-7-23
7. Whether the patient pertains to

(A) Self-Paid (B) Dan/RAN (C) Any other source of funding

Note: The patient will tentatively admitted/operation date After Blood donation/ PAC clearance / financial disposition

Signature & Stamp of treating consultant/surgeon

Dr. MITHAKUMAR M. BETIGERI
DIRECTOR PROFESSOR
DEPARTMENT OF CTVS
GIPMER, New Delhi-02

(To be filled by the Purchase Department) Amount + applicable tax = 40635/-

(Rupees in words : Forty thousand Six hundred thirty five

Note : THE DEMAND DRAFT MUST BE ISSUED IIN THE NAME OF FOLLOWING ALONG WITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. THIS CERTIFICCATE IS ISSUED ONLY ONE TIME DECLARATIONBY PATIENT.

Demand Draft in favor of : "MEDICAL SUPERINTENDENT, G B PANT HOSPITAL, NEW DELHI"


New York