

A young child with a shaved head is looking directly at the camera. The child is wearing a yellow dress with a floral pattern and a wide collar. The background is a light-colored, textured wall.

**shree bhawani prasad
Jan sewa trust**

[illegible]

विदान/ Diagnosis

दिनांक/Date _____

9.14

4.4

→ Planned for Emuculation on 16/8/2023
→ Hb - 19/8/2023 i.e. 1 week after Emuculation
→ F/U - 9/9/2023

Jan

CBC →
C43
C44

- f(u) $\frac{7}{2} \frac{1}{u^2} = -\frac{7}{2u}$

Dr. Prashant K. Mishra
Senior Resident (Oth)
Pediatric Oncology
All India Institute of Medical Sciences
New Delhi, 110029

Jan
CBC →
Ct9
Wt9

- F/u. 9/2/2015
at

Dr. Prashant V. Joshi
Senior Resident
Pediatric Oncology
All India Institute of Medical Sciences, Delhi, India

Kindly
allow stay in
Dharamshala

R 24/9

shree bhawani prasad Jan sewa trust

Kindly
allow stay in
Dharanahalli

12/24/88

Cash Receipt

Patient Name : Baby ZOYA

Reg. Date : 26/07/2023 10:22:00AM

Ref. Doctor

Visit / Bill No. : 2324AB00007778

PIN : AB00007778

Age / Gender : 2 Y / Female

Centre Name / Branch Name : People Imaging

Sr.	Test Details	Test MRP
1	MRI CONTRAST	Rs. 3,000.00
2	MRI BRAIN WITH CONTRAST	Rs. 11,000.00

Total Amount	Rs. 14000.00
Paid Amount	Rs. 14000.00
Paid Amount	Rs. 0.00
Balance Amount	Rs. 14000.00

User Name : SAHIL

Page 1 of 1

DELHI: Hauz Khas, H-10, Main market Road Near By Neeli Masjid , [011 - 45567020]

Facilities :- MRI | CT Scan | USG | X-Ray | E.E.G | ECHO | TMT | DEXA | Pathology Test | Dental |

Note :- Payment made for Ultrasound , X-ray , Blood Test are non refundable .

merabatat@pcc.gov.in

दिनांक - Date

(20)

Participant at
9-30 AM

Signat no RF beds

new date: 30/01/23
ward 6 AM

Shree Jan Bhawani Trust Press

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिसका प्रयोग जीवन में सान कर
प्रतापी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सके
Eyes are God's most precious gift to man kind and eye donation is the
Take full care of them so that they can take care of you.

Please give date after 4 weeks
as child is to be planned
for Examination

एम. आई. प्रवर 1 / MRI Form 1
दूरभाष सं. / Tel. No. 26594514
26594535

खिला भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

CLINICAL MRI REQUISITION FORM

Date of Requisition _____
Ward / Bed No. _____
Radiology ☐ Cardio Radiology ☐
वर्ग / Age _____ लिंग / Sex _____

नाम / Name _____
दिनांक / Date of Birth _____
वर्ष / Year _____ वजन / Weight _____
दि. पा. / Kg _____

4. General Patient Condition (if appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History :

10 Rk Rk - (1) Extraocular Rk (2) Sedation
(1) Group 5 Rk

Examinations

Relevant Investigations :

Previous CT / MR / Other Reports / Studies
(with numbers, if any)

3 cycles re-alignment
to look for response assessment
and accessibility

6. Blood Urea / S-Creatinine

7. Clinical Diagnosis

CE MR Brain bit 1 lineal & ON cuts - T1/T2W
Pre and post contrast, Suppressed images

8. Exact Anatomical site for MRI

9. Special Instructions (Sedation, Allergy or other details which may facilitate the study)

10. (a) Contrast Enhancement Required: Yes

(b) Allergic to any drugs

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker

Aneurysmal clips

Metallic Implants

Sharpner/Pencil

हस्ताक्षर / Signature

नाम / Name

(नाम अक्षरों में / In Block letters)

पदनाम / Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)

06/01/25

GA
MAC

Dr. Hanu

Dr. (a) & Mrs

Dr. Hanu

9889679532

Shree bhawani prasad jan sewa trust

Date

Name - Treatment

(V) Distance

D/A

(R.P) Concentration & test

(V)

16/8/23

Wednesday

2/20/23

10/10/23

8 PM

Right eye 4-20 PM

Right eye

10/10/23

10/10/23

10/10/23

in gentle vision from 2 days eye has been under 10

good eye eye vision 10/10/23

Eyes are God's most precious gift to man kind and eye power is most noble thing

Take full care of them so that they can take care of you

नं० रो० वि० कार्ड
O.P.D. Card

दृष्टि



आयुष्य विभाग, स्वास्थ्य सेवा विभाग, भारत सरकार

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

कमरा नंबर
Cabin No.

रजendra प्रसाद नेत्र विज्ञान केन्द्र
Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences
New Delhi-110029

यू.एच.आई. संख्या
UHID No.

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

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/O/W	लिंग Sex	आयु Age	पता Address
Joya		24	f	

दिनांक DATE	निदान DIAGNOSIS
31/1/23	

उपचार Treatment

Ref done 1 Chart 6
(Prof. Sanjay Sharma)

Ref 90% resolution
Ref No. after some evaluation
marked resolution
(90%)

Can also do a R.T.
evaluation

He is from 1928 at

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय इसे साथ लाएं।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान-निषेध 2. कूड़ा कंस्टेन केबल कूड़ेदान में डालें 3. धूम्रपान
1. No Smoking 2. Use Dustbin 3. No Smoking

उपचार – Treatment

C/O/w Debona

D12(A)

(RC) Encapsulation of GA

(R.C.) Circulation of GFA
 29
 16/8/23
 Ward 1A
 8 AM
 Wednesday
 Patient came at 9-30 AM
 Request for new date: 1, 2, 3, 1A
 Trust please

16/12/23

Wood 18

8 PM

Wednesday

$$\frac{2}{2R \sqrt{V}}$$

Participant came at 9-30

Project

new page

3. D

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन का परमश्रेष्ठ है।
इसकी 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.

दिनांक - Date

उपचार - Treatment

(L) Total R.O. i
mass imperially
touching lens.

(R) Total R.O. i

(L) Group 2 R.O.

Refer to Pediatric Oncology - Dr. Ruchana Sethi /
Room nos (3) (10) (14) - Ward 14, 9 AM Dr. Prashant /
for systemic chemotherapy Dr. Aditya

12/6/23 - Ward 14, 9 AM
for NRC
i MRI films.

Adv

(R) [R. Prashant (3)
X-rays

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।
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Take full care of them so that they can take care of you.

ब० सो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या

UHID No. 246769016

आचार्य राधिका टंडन का एकक

Prof. Radhika Tandon's Unit



यह आचार्य एकक डॉ० राधिका टंडन के अध्यक्षता में कार्य करता है।

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

कमरा नंबर
Cabin No.

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Jaya		F	24	

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
09/06/23	(R) Extraocular RB (L) Group E RB	Unit 6 (Dr Deep / Dr Kanyas)
	(R) Buphthalmos Anterior chamber displacement of lens Flat AC - seeds in vitreous Infinitely lesion extending beyond cornea	(L) Ant segment - wnt Large lesion in vit Suggestion of intraocular

कृपया इस कार्ड को सुरक्षित रखें तथा अत्यंत महत्वपूर्ण दिखाने के समय हर एक-सा
Kindly keep this Card safely and bring it on your follow-up visits

- धूम्रपान नियोध
- कुछ कार्ड कोषा कड़ेदान में ही रखें
- बुकिये नहीं
- No Smoking
- Use Dustbin
- No Spitting

Please give date after 4 months
as child is to be planned
for Emulation

एन.आई.आई. प्रपत्र 1 / MRI Form 1

दूरभाष सं. / Tel. No.: 26533614

26548455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

CLINICAL MRI REQUISITION FORM

Date of Requisition

Ward / Bed No.

radiology

Cardiac Radiology

आयु / Age

लिंग / Sex

जन्म तिथि / Date of Birth दिन / Day माह / Month वर्ष / Year वजन / Weight कि. ग्रा. / Kg

4. General Patient Condition (if appropriate)

(i) Critical and with life support (ii) Ill but without life support

(iii) Ambulatory

5. Clinical Details / History

(R) Extraocular Rb
(L) Group E Rb

(Sedation)

Examinations

Relevant Investigations

Previous CT / MR / Other Reports / Studies
(with numbers, if any)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis

CE MRI Brain + Contrast & ON cuts - T1/T2W C
pre and post contrast, for tumor

8. Exact Anatomical site for MRI

9. Special Instructions (Sedation, Allergy or other details which may facilitate the examination)

10. (a) Contrast Enhancement Required: Yes

Note: 500/-

(b) Allergic to any drugs

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker

Aneurysmal clips

Metallic Implants

Sharp metal

K.F.T. REPORT

Cardiac Valve/Prosthesis

DUE WEEK PRIOR

Other

None

हस्ताक्षर / Signature

नाम / Name

(साफ अक्षरों में / In Block letters)

पदनाम / Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)

— Date of staging $\leftarrow$ U.A. ref 9/6/23
NPO complete

NP complement

5th floor
of

12	6	23
----	---	----

Word 1A

9. $\frac{1}{2}$

Vol. 23

Dr Sanjay Sharma

- (P) Globe is normal (L) Globe
 (R) Tumor in the eye. Globe appears
 slightly enlarged.
 optic nerve appears normal
 (L) Small tumor in RBC. Enlarged
 (L) vs (R) tumor here
 (R) Intraocular RB (L) Intraocular RB

1st Intervention to Food security
planned to start in chemotherapy
from 11/1/20

92

1924

Ad

Old Center oncology

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इसकी सर्व सशक्त शक्ति है।

इनकी पूर्ण रक्षा करीजिए ताकि ये आपकी रक्षा कर सकें।

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shree jan
pramali
sewa trust
prasad

