



PATIENT APPLICATION FORM


PATIENT'S DETAILS



NAME:	AAYUSH VERMA
FATHER NAME:	ASHOK KUMAR MAHTO
DATE OF BIRTH / AGE:	1 Year
SEX:	MALE
ADDRESS:	GIRIDIH, SURIYA, JHARKHAND-825320
DISEASE:	Urinary Bladder Tumor (BR Rhabdomyosarcoma)
HOSPITAL DEPARTMENT TREATMENT TREATMENT COST	AIIMS ONCOLOGY CHEMOTHERAPHY Rs. 1 LAC

For CANCER CARE TRUST


Authorized Signatory


Parent's Sign



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

OPR-6

अस्पताल

PREMISES

एकक/Unit _____

विभाग/Dept. _____

नाम/Name _____

DR. B.R.A. IRCH/ AIIMS, NEW DELHI
IRCH No. 256944 Reg. Date-10/06/2021
Clinic Paed Surgery Clinic Clinic No. 4012/2021
Deptt. PAEDIATRIC SURGERY-IRCH
JSSK
नाम
Name AAYUSH VERMA
S/O- ASHOK KUMAR MAHTO
Sex/Age M/1Y
Room 6 (Shift Morning)
Address PUMDIH, GIRIDIH, JHARKHAND, INDIA



UHID-105435971

Regn. No. _____

जन्म तिथि/Date of Birth _____

निदान/Diagnosis

BP-RMS

दिनांक/Date

24/09/22

उपचार/Treatment

C IDIU PhobS Agonalala

- Syb Augmentin 3ml B (228mg/5ml) TO SX 2 weeks
- Syb PCM 2ml (250mg/5ml) & IDX 3 deep fl/bss S
- R/A 2 weeks - 6/10/22, 2AM, Room No 6 IRCHZ
fresh Hmg & urine R/m + C/S
renew SDS

Genere
9.

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

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

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


Take date in

DR B R AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029
SCIENCE, NEW DELHI - 110029
Form (Other than X-ray)

DR. B.R.A. IRCHAIMS, NEW DELHI
IRCH No. 256944
Clinic Paed Surgery Clinic
Dept. PAEDIATRIC SURGERY-IRCH
JSSK
नाम
Name AAYUSH VERMA
S/O- ASHOK KUMAR MAHTO
Address PUMIDIH, GIRIDIH, JHARKHAND, INDIA

Reg. Date-10/06/2021
Clinic No. 4012/2021
UHID-105435971
Sex/Age M/Y
Room 6 (Shift Morning)

Patient Status
 Outdoor
 Indoor (Ward / Bed no.)
 General Condition of the Patient:
 Ambulatory
 Non-ambulatory
 Critical with life support
 Payment Status:
 Paying
 Exempted by (sign & stamp)
 EHS (no.)


Dr. Vishesh Jain
 Additional Professor
 Department of Pediatric Surgery
 All India Institute of Medical Sciences, New Delhi-29

Investigation Requested (Separate requisition is required for each type of investigation)

<p>CT</p> <p>Type</p> <p><input type="checkbox"/> CECT <input type="checkbox"/> NCCT <input type="checkbox"/> HRCT <input type="checkbox"/> Dual phase CT <input type="checkbox"/> Other (specify) _____</p> <p>Body Part(s)</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Orbit <input type="checkbox"/> PNS <input type="checkbox"/> Face/ mandible <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other (specify) _____</p>	<p>Ultrasound</p> <p><input checked="" type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> KUB <input type="checkbox"/> Breast <input type="checkbox"/> Scrotum <input type="checkbox"/> Neck <input type="checkbox"/> TVUS <input type="checkbox"/> TRUS <input type="checkbox"/> Colour Doppler of _____ <input type="checkbox"/> Other (specify) _____</p>	<p>Fluoroscopy & Special Radiography</p> <p><input type="checkbox"/> Barium Swallow <input type="checkbox"/> Barium Meal UGI <input type="checkbox"/> Barium Meal Follow Through <input type="checkbox"/> Gastrografin Study <input type="checkbox"/> Loopogram <input type="checkbox"/> Distal Cologram <input type="checkbox"/> Sinogram <input type="checkbox"/> IVP <input type="checkbox"/> Other (specify) _____</p>	<p>Image Guided Interventions</p> <p>Procedure</p> <p><input type="checkbox"/> FNAC <input type="checkbox"/> Core Biopsy <input type="checkbox"/> Fluid Aspiration only <input type="checkbox"/> Fluid Aspiration for cytology <input type="checkbox"/> Catheter Drainage <input type="checkbox"/> Other (specify) _____</p> <p>Of (organ/ lesion) _____</p> <p>As per the requirement, Please provide filled cytology/histopathology form</p>
	<p>Mammography</p> <p><input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left</p>	<p>Films Review</p> <p><input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Other _____</p>	

Clinical Diagnosis: RMS- BP.

Clinical details:

Previous imaging:

None
 At BRAIRCH (study / date)
 Outside (details)

For CT & IVP only:
 Blood urea, creatinine
 Any history of allergy, asthma

Aayush
 Signature & Name of the Doctor

Date:

<p>For the use of Radiology Department only</p> <p>Appointment on: <u>3/10/22</u></p> <p>Contrast Details: <u>None</u> <u>8:30 AM</u></p>	<p>Study number/Date:</p> <p>Senior Resident/Technologist:</p> <p>Comments:</p>
---	---

DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029
DISCHARGE SUMMARY

NAME	Aayush Verma	AGE	1 year 7 months	SEX	male
FATHER'S NAME	Ashok Kumar Mahto	DOA	08/09/2022	CR No.	H-361583-22
ADDRESS	Pumidih, Giridih	DOD	08/09/2022	UHID No.	105435971
		DIAGNOSIS: f/u/c of bladder prostate - rhabdomyosarcoma			
Ward course	Patient admitted for (VAC) chemotherapy Course no. 11 . Pre chemo investigations : Hb : 8 g/dl , TLC : 9340 /mcl , ANC : 4450 /mcl Platelets : 294 k No post – chemo complications noted . Child discharged in stable condition.				
ADVICE ON DISCHARGE:	<ul style="list-style-type: none"> • Laminate discharge summary • Continue syrup A-Z , vitcofol , septran as advised • Review in IRCH clinic on 15/09/2022 at 2 pm with fresh hemogram reports and prior appointment 				
ADMISSION SR	Dr Shishir	MANAGING SR	Dr. Shishir		
CONSULTANT	Prof. Sandeep Agarwala	FOLLOW UP VISIT	15/09/2022 at IRCH OPD		

DATE: 09/09/2022

SIGNATURE

Sandeep Agarwala

Cancer Care Trust

RADIOLOGY UNIT रेडियोलोजी एकक

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
DR. BR Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi-110029

APPOINTMENT FOR RADIOLOGICAL TEST रेडियोलोजी टेस्ट की तारीख

Name of the Patient : Dayash Verma

UHID No. 105435971

Age/Sex : 11M

IRCH No.

Scheduled date तारीख 3/10/22
May

Room No. कमरा नं. 43 / (49) 46 / 30

Please report at समय 8.30 am.

Name of the Test / Procedure टेस्ट का नाम

Test	Type	Body part (s)
CT scan सीटी स्कैन	CECT, NCCT, HRCT Multiphase CT, CT angiography	Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, other.....
<u>Ultrasound अल्ट्रासाउंड</u>	<u>Abdomen-Pelvis</u> , KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....	
Colour Doppler डॉपलर	Upper limb, Lower Limb, Other.....	
GI tract study बैरियम	Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrograffin Study, other.....	
Urinary study आईवीपी	IVP, MCU, other.....	
Mammography मेमोग्राफी	Bilateral, Right, Left	
Othre अन्य		

Signature of May booking clerk/officer

Date given on: 2/17/22

Please read carefully and follow checked ✓ instructions चिह्नंकित ✓ सूचनाओं का पालन करें :

- Bring contrast injection lomeprol400mg/lohexol350mg/lobitridol350mg/other equivalent.....ml यह दवा साथ लाएं.
- Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहें (पानी, दवाएं ले सकते हैं)
- Do not pass urine for 3-4 hours 3-4 घंटे पेशाब रोके रहें.
- Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
- Bring on adult attendant with you एक वयस्क साथी साथ लाएं.
- Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्मों साथ लाएं.
- Pay Rs. 200/300/750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें.
- Special instruction विशेष सूचनाएं

सीटी स्कैन एवं मेमोग्राफी की रिपोर्ट कमरा सं. 45 से प्राप्त करें

General information सामान्य जानकारियां :

- Contrast injection during CT scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, hypotension or shock, These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to any medicine सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्परिणाम (उल्टी, खुजली, शॉक इत्यादि) हो सकते हैं, यदि आपको दमा या कोई एलर्जी है तो पहले बताएं.
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि गर्भवती हैं तो पहले बताएं.
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है.
- Report will be sent to OPD counter No. 9 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर 9 या वार्ड में भेज दी जाएगी.

Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।

I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्परिणाम की जानकारी दी गई है. मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ.

Signature of Patient or attendant _____ Name _____

Date : _____ Relation with the Patient _____

सूक्ष्म जैव विज्ञान
DEPARTMENT

जिवाणु विज्ञान
(BACTERIOLOGY)

अ. भा. आ. सं.,
A.I.I.M.S., NEW DELHI

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 256944
Clinic Paed Surgery Clinic
Deptt. PAEDIATRIC SURGERY-IRCH
JSSK

Reg. Date-10/06/2021
Clinic No. 4012/2021



UHID-105435971

नाम / NAME

नाम
Name AAYUSH VERMA
S/O- ASHOK KUMAR MAHTO

Sex/Age M/Y
Room 6 (Shift Morning)

IO.

बि.सं. / BED NO.

लिंग / SEX

पु./म./M/F

INCOME

Nature of Specimen Address PUMIDIH, GIRIDIH, JHARKHAND, INDIA

Date & Time of Collection 3/10/22

Investigation required urine
Clinical Notes : CIS

1. Presenting symptoms with duration 7 U72
2. Previous reports on similar material with date & Lab. No.
3. Relevant reports of other investigations
4. Antibiotic therapy
5. Prov. diagnosis

हस्ताक्षर / SIGNATURE
Designation

INCOMPLETE FORMS WILL NOT BE ACCEPTED