



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

Contact No. : 011-65881004

PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	AZIM
FATHER NAME/OCCUPATION:	INAAM MAJRA / LABOUR
DATE OF BIRTH / AGE:	1.5 YEAR
SEX:	MALE
ADDRESS:	BARAUT, UTTAR PRADESH
DISEASE:	RETINOBLASTOMA(EYE CANCER)
HOSPITAL DOCTOR DEPARTMENT	AIIMS DR. RACHNA SETH/JAGDISH MEENA ONCOLOGY

For CANCER CARE TRUST

Gaura
Authorized Signatory
Authorized Sign

इनाम
Parent's Sign

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Ajmer

उम्र Age 1 1/2 Yr / 15 Service

दिनांक Date 01/8/20 पुरुष/महिला/बच्चा UHID No. 10432672

कोरसेल इंचार्ज Professor MC

Prof. R. Seth

Notes written by Sulph

CLINICAL NOTES

Δ - (R) eye Rb = proptosis
Diagnosed at 5mo. of age but did not seek treatment.
Presently proptosis x 8-10 days
Referred from RAC for NACT.

Adv: - CE-MRI B/orbit & brain

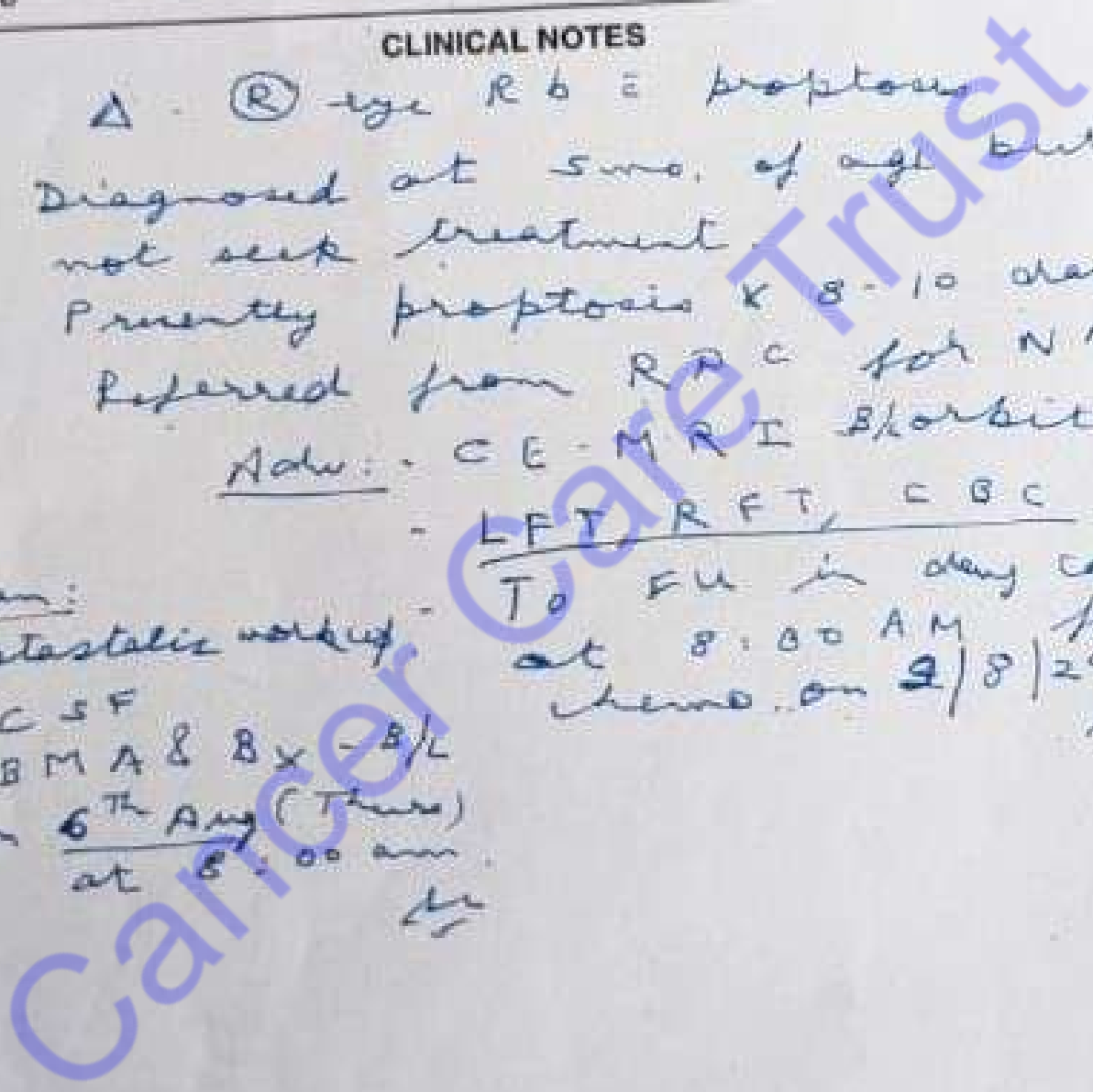
- LFT, RFT, CBC

Plan:

Metastatic workup

To FU in day care (C) at 8:00 AM for CSF
chemo on 9/8/20

[- CSF
[- BMA & Bx - B/L
→ on 6th Aug (Thurs)
at 8:00 am



डॉ. रो. वि. कार्ड
O.P.D. Card



ये अल्पमूल्य सेवा है
जो आप से ले सकती है

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

कमरा नंबर
Cabin No.

डॉ० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आयु० सं०, नई दिल्ली - ११००२९
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यु एच आई डी संख्या
UHID No.

104326478

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

93409650-12

रोगी का नाम Name of the patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Azim.		M	1 1/2	

दिनांक DATE	निदान DIAGNOSIS
31/07/2020	उपचार Treatment

31/07/2020

RE RB. r. proptosis.

Adv →

- Repeat CE-MRI - Head & orbit
fat suppressed (sagittal coronal &
axial section) ^{2mm cuts} r. high pineal gland
& optic nerve
- Syp Augmentin (250/5ml) 3mL TDS ⁽³⁾
x 1 week
- ~~Syp~~ Syp. PCM 2.5 mL BD ⁽²⁾ x 3 days
- e/d Milflodex TDS ⁽³⁾

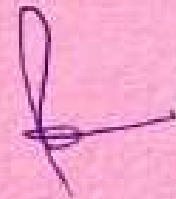
कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

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

(R) [E/d Iotim BD (2)
E/d Homide 4T/D]

→ Refer to Prof Rachna Seth / Dr Jagdish Meena. C5 daycare (Palliative oncology) for NACT.

- f/u on wed/Sat OPD (Unit 6) at 9AM & report



नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।
इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

**Eyes are God's most precious gift to man kind. Take full care of them
So that they can take care of you**

ब. रो. वि. कार्ड
O.P.D. Card



के अग्रिम अंगार है
के अंग ही है, मरने है

अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

V

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,
अ० भा० आयु० सं०, नई दिल्ली - ११००२९
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

यु एच आई डी संख्या
UHID No. 104326478

आचार्य प्रदीप शर्मा का एकक
Prof. Pradeep Sharma's Unit

रोगी का नाम Name of the patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
AZIM.		M.	S M	

दिनांक DATE	निदान DIAGNOSIS
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उपचार Treatment

27/2/20
C/S/B RADIO SR (NRC) ↓ UNIT VI.

INTRA OCULAR CONTRAST ENHANCING
MASS SEEN (RB LIKELY)

NO ON INVASION.

NO INTRASCLERAL EXTENSION.

SURROUNDING VITREOUS SEEMS UNREMARKABLE.

CORRELATE CLINICALLY.

AK

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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१. धूपपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. धूकिये नहीं

RB-33/19

ब. रो. वि. कार्ड
O.P.D. Card



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

कमरा नंबर
Cabin No.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

उपदि. 1444807
Dep. No. 20190050023313
AZIM
KOTNAAM

उपदि. 1444807
RPC OPD-Dr. SURJ
UNDER UNIT-IV R.34
Unit IV
MC X, THU
Room No. 34A

ADDRESS: VILL. NALMADELA, TEB. BALASIT, DIST. BHILAIKOT, UTTAR
PRADESH, INDIA
MOBILE: 9304945011

जीत सिंहोटा का एकक
Janjit Sihota's Unit

आयु Age	पता Address
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दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
27/2/19	<p><i>Allografting for Dimpled tumor</i></p> <p>C/S/B. DR. WMI IN NEW ONCOLOGY CLINIC (+ UNIT VI)</p> <p>? LE. GPE. RB. ON USG & MRI.</p> <p><u>ADV</u></p> <p>DATE FOR NRC & STAGING EVA.</p>	

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
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- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., Ansari Nagar, New Delhi-110029

RETINOBLASTOMA CLINIC

Retinoblastoma
 OPD No. _____
 Oncology OPD No. _____
 Child's Identific. _____
 Child's Name: _____
 Mother's Name: _____
 Father's Name: _____
 Child's Age: _____
 Child's Sex: _____

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

(DUPLICATE)
 UIN: 10431478
 Date: 17/01/2019
 Dept. No.: 20190050033313
 Clinic No.: 2019-RB-X
 AZIM
 K.D. NAAM

General
78

OCULAR ONCOLOGY Dr. SR
 OCULAR ONCOLOGY UNDER UNIT VI R-115
 Unit VI WED
 Room No.: 115

Address: VILL. MALMAZRA, TEH. BADAUT DISTT. BHAGMAT, UTTAR PRADESH, INDIA
 Mobile: 9340965511

Group (R/E/L)

Stage

Informer: Mother Father Guardian

Clinical History:

H/O. RE. WHITE REFLEX SINCE 3 MONTHS.

Presenting complaint with duration

1. Leucocoria
2. Squint
3. Pain
4. Red Eye
5. Protruding eye/large eye
6. Change in vision/Loss of vision
7. Swelling of eyelids
8. Others (specify)
9. Progressive Yes No
10. Associated problems:

Appetite
 Bone pain
 Sleep
 Others

O/E. O.D.
 ANT. DISPLACEMENT
 OF LENS IRIS DIAPHRAGM
 CATARACTOUS LENS.
 CENTRAL CORNEAL CLOUDING
 AC SHALLOV.
 FUNDUS: POOR GLOW.

Reasons for delayed presentation (In advanced tumor/ proptosis)

Past history (medical / surgical)

Treatment history

Personal history (behaviour, schooling, social well being)

Status of parents Mother Father

Alive

Age

Age of father when the child was born _____

Age of mother when the child was born _____

Parent's & Sibling Screening

Family history

1. Any history of "losing eyes" or "shrunken eyes" in the family?
2. Other cancers in the family? (Osteosarcoma / Bone cancers, Breast Cancers, Leukemia, Cancer of cervix in mother, Brain tumors), if YES, indicate the relationship to the child and the approximate age at diagnosis.
3. Consanguinity in the family.

USG FOR PSE: INTRAOCULAR MASS
 LESION? RB.