



(i) The patient did not require Hospitalisation

वसिष्ठ रेजीडेंट/Dr. Res. Signature and Designation of the
चिकित्सा अधीक्षक/MEDICAL Officer-In-charge of the case
डा. बी. रा. अ. संस्थान रोड/Dr. B.R.A., Institute Rotary Cancer Hospital
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

COUNTERSIGNED

Certify that the Patient has been under treatment at the A.I.I.M.S. Hospital and thus facilities provided were the essential for the patient.

जाँचा और सत्यापित किया
CHECKED & VERIFIED

30/10-19
MEDICAL SUPERINTENDENT
A.I.I.M.S. HOSPITAL

No 2722/MOS/2019-20
Date 30-10-2019
Place : New Delhi

चिकित्सा अधीक्षक/MEDICAL SUPERINTENDENT
अ.मा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL
डा.बी.रा.अ. सं. रो.क.अ./Dr. B.R.A., I.R.C.H.
नई दिल्ली-110029/New Delhi-110029

This is to certify that I am not beneficiary to the C.G.H.S.

OR

My case is referred by C.G.H.S.

Signature of the Govt. Servant
&
Office to which attached

DECLARATION

I hereby declare that the statement in this form are true to the best of my knowledge and belief and that our person for whom medical expenditure were incurred is wholly dependent upon me.

Signature of the Claimant
&
Office to which attached



METRO

HOSPITALS & HEART INSTITUTE

(a unit of Metro Institutes of Medical Sciences Pvt. Ltd.)

CIN No : U00000DL1990PTC039293

(NABH, NABL & ISO 9001: 2008 Certified)

BILL OF SUPPLY (OUTPATIENT BILL)

Receipt No	: MWRCT/ 190070218	Date	: 06/09/2019
Name	: Mrs. AMITA CHAUDHARY	UHID	: MWID/2018017900
Age/Sex	: 46 Y /Female	Category	: CASH
Address	: GH-1 NRI CITY, Noida Uttar Pradesh India	Req. Dr.	: Dr. Anurag Tandon
Tel	: 9318446463		
Comp Name	: OPD Cash Customer (OPD Cash Customer-Sector 11)		

HEALTH CARE SERVICES	Req. No.	Qty * Rate	AMOUNT(Rs.)
Pathological Laboratory			970.00
BIOPSY (SMALL)	11038588		
Procedure			6600.00
Colonoscopy full Length { Dr. Anurag Tandon, }			

Online LAB Report visit at www.metrohospitals.com

Bill Amount: 7570.00
 Concession on Total: 1893.00
 Net Bill Amt.: 5678.00

User ID: 11038588 Password: 190070218

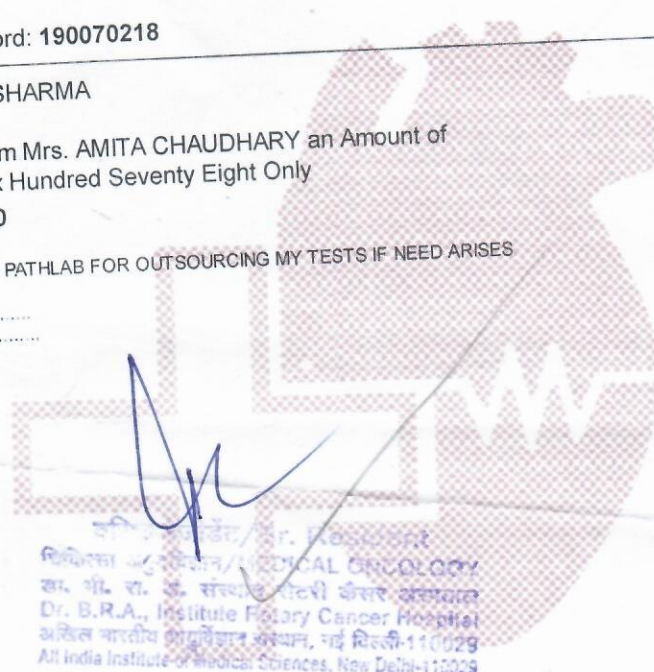
Narration:- C/O GOVIND SHARMA

Received With Thanks From Mrs. AMITA CHAUDHARY an Amount of Rupees Five Thousand Six Hundred Seventy Eight Only
 By Cash : 5678.00

I GIVE MY CONSENT TO METRO PATHLAB FOR OUTSOURCING MY TESTS IF NEED ARISES

Signature of Patient/Attendant.....
 Relation with patient-
 Contact No-
 Run Date : 06/09/2019 13:31

CASHIER
 User: Chetna



Dr. Resident
 MEDICAL ONCOLOGY
 स. भौ. रा. अ. संस्थान दिल्ली कैंसर अस्पताल
 Dr. B.R.A., Institute Rotary Cancer Hospital
 अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 All India Institute of Medical Sciences, New Delhi-110029

9/6/2019 1:41

of 1
 Cardiology Wing : X-1, Sector-12, Noida - 201301 Tel. : +91 120 2533 491, 2444 466, 4366 666, | Fax : +91 120 2533 487
 Multispeciality Wing : L-94, Sector-11, Noida - 201301 Tel. : +91 120 2522 959, 2442 666 | Fax : +91 120 2442 555

Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi - 110024



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है / SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit Dr. A-S

विभाग/Dept. _____

नाम/Name

DR. B.R.A. IIRCH, AHNIS, NEW DELHI
 IIRCH No. 218197
 Clinic Adult Medical Oncology Clinic
 Deptt. MEDICAL ONCOLOGY - General
 Name AMITA CHAUDHARY
 W/O- VINEET CHAUDHARY
 Phone No. 8826212865
 Address HIDGE, NOIDA, UTTAR PRADESH, Pin:9, INDIA

Reg. Date-10/09/2018

Clinic No. 27537/2018



UHID-103862659

Sex/Age F/45Y

Room 6 (Shift Morning)

No. A DMOC

जन्म तिथि/Date of Birth _____

निदान/Diagnosis

दिनांक/Date

10-9-18

Ce Rt Colon PT3 No (IIA) met. diff adenoc CA

p/Rt hemicolectomy 31.7.18

PS-1

HBsAg +ve on Tenovir

MSI (+)

LVI (+)

Plan adjuvant chemotherapy CA100 x 6m

may truncate @ 3m (i/v. Idea trial)

ado

B&A - 1.532m (ht - 150 / wt - 58kg)



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

inj emset 8mg
 inj dexa 8mg | 100ml NS | 30min
 inj lantac 50mg

- inj oxaliplatin 200mg | 1 @ D5 | 2hr

- Tab Capecitabine 1500mg BD (D1 - D14) (000)
 3 tabs every 1hr
 3 tabs every 1hr
 (000)

& water within half hour after meds

Pre Chemo

- Tab emset 8mg tid x 5 days [29/9/18]
- Tab lantac 150mg BD x 5d
- Tab dexa 8mg BD x 3d (29/9/18)

Flu - CBC / UFT / RFT on 24.9.18

Pre Chemo:

- WHO ORS - 3l/day
 - Cap Immudin - 2cap stat then 2cap tid → New Emergen (Fm 29/11)

19/11 - C#3 Capox
 - 10/12/18 r CBC/EC

Genetic tests for Lynch by CORE

4654 248623

19/10/18: Adv D+3. no toxicity. 2hrs
 10/10/18 → C#1/ues/ceat
 31/10/18 → C#2 Capox as overleaf.
 31/10/18 → C#3 Capox as written overleaf.
 31/11/18 → Flu - CBC/KFT



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

Dr. A-5
10/12/18
OPR-6

सतीरनाथं चतुर्धररायणम्

अस्पताल

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 218197
Clinic Adult Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General
Name AMITA CHAUDHARY
W/O- VINLET CHAUDHARY
Phone No. 8826212865
Address BUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA

REMISES

Reg. Date-10/09/2018

Clinic No. 27537/2018



UIID-103862659

Sex/Age F/45Y

Room 6 (Shift Morning)

एकक/Unit _____

विभाग/Dept. _____

नाम/Name

Regn. No. _____

जन्म तिथि/Date of Birth _____

निदान/Diagnosis

Ca colon, Ady.

दिनांक/Date

उपचार/Treatment

10.12.18

C₅ - 15.12.18 y CBC WNL

- 2g Enoxaparin 2g Bexano Eny.

- 2g Oxycodone 150mg IVI

- Tab. Capecitabine 500mg 2-3x 14days

- Cap. Irinotecan 2 dose: 400

- Oral supralin 1000mg as before

Review

2mm

10/12/18

[Signature]

CBC, - CRP

CBC + Biochem + CA

[Signature]
10.12.18

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

18/2/19

6. May be given.

- Genetic counseling

Re. the above

- Test for MSH-6

18/2/19

22/3/19

27/3/19

→ CEA, USA Abdo/Pelvis - Review after 3 months on 26/6/19

→ Annual CA125 Transvaginal USA } To screen for endometrial/ovarian tumor

27/6/19

→ Gynaecology Review

→ Fx 3m: CEA, CBC

→ Colonoscopy → 98

52 mo

↓

18/9/19

9 mo
②



डॉ० बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
All India Institute Of Medical Sciences
REIMBURSEMENT CERTIFICATE FOR OUTDOOR PATIENT
ESSENTIALITY CERTIFICATE 'A'

IRCH- 218197

Certificate granted to.....

Employed to District court NOIADA

Name of the Patient Amita Sharma

(To be completed in the case of the patient who are not admitted to the hospital for treatment)

I, Dr. Atul Sharma hereby certify that

- (a) That I charged and received Rs. _____ for administering injections on dated _____ at my consultation room.
- (b) That I charged and received Rs. _____ for administering injections on dated _____ at my consultation room.
- (c) That the injection administered were not for immunising purposes.
- (d) That the patient has been under treatment at Hospital at my consulting room and that the undermentioned medicines prescribed by me in this condition of the patient. The medicines are not stocked in the A.I.I.M.S. Hospital/Dispensary for supply to the patient.

S.No.	Name of the Medicine	Price	S.No.	Name of the Medicine	Price
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

As per Attached Bill

Rs 21700/=

(Amount in words Twenty one thousand seven Hundred only)

- (e) That the patient was/in suffering from cancer and was is under my treatment from
- (f) That the patient was not given pre-natural treatment.
- (g) The X-Ray, Laboratory Test etc. for which an expenditure of Rs. 21700/= was incurred were necessary and were undertaken on my advise at Private
- (h) That I referred the patient to Dr. Atul Sharma for specialist consultation and the necessary approval of the(Name of the Chief Administrative) obtained.



(i) The patient did not require Hospitalisation

Ramyan

Signature and Designation of the
Medical Officer-Incharge of the case

SENIOR RESIDENT
MEDICAL ONCOLOGY
DR. B.R.A., I.R.C.H. A.I.I.M.S.
NEW DELHI-110029

COUNTERSIGNED

Certify that the Patient has been under treatment at the A.I.I.M.S. Hospital and thus facilities provided were the essential for the patient.

जाँचा और सत्यापित किया
CHECKED & VERIFIED

MEDICAL SUPERINTENDENT
A.I.I.M.S. HOSPITAL

No 1401/MRS/19-20

Date 26/7/19

Place : New Delhi

This is to certify that I am not beneficiary to the C.G.H.S.

OR

My case is referred by C.G.H.S.

Signature of the Govt. Servant
&
Office to which attached

DECLARATION

I hereby declare that the statement in this form are true to the best of my knowledge and belief and that our person for whom medical expenditure were incurred is wholly dependent upon me.

Signature of the Claimant
&
Office to which attached

Receipt

13010

Date: 17/11/2019

Receipt No.: CORE/20_____

Received from AMITA CHAUDHARY

Amount 14000/-

Payment mode Cash DD Cheque* Card PAYTM

Cheque/DD No./Card/PAYTM _____ Date: 17/11/2019

*Cheque subject to realization.

Signature of Receiver [Signature]

Signature of Payer [Signature]

Turnaround Time (TAT)*	
FISH	— 4-6 Days <input type="checkbox"/>
MOLECULAR	— 7-10 Days <input type="checkbox"/>
IHC	— 2-4 Days <input type="checkbox"/>
Second Opinion	— 10 Days <input type="checkbox"/>
H & E	— 2-3 Days <input type="checkbox"/>
Biopsy	— 5 Days <input type="checkbox"/>
NGS	— 4-6 Weeks <input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>

General Product



*Senior Resident
Medical Oncology
DR. B.K. ... A.I.I.M.S.
New Delhi - 110029*

Would you like to talk to us? Call us on 1800 103 2673 (Toll Free)



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
 अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है / SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

एक/Unit Dr. A.S
 विभाग/Dept. _____

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

No. A DMO

नाम/Name _____

IIC No. 218197
 Clinic Adult Medical Oncology Clinic
 Dept. MEDICAL ONCOLOGY
 General

Reg. Date: 10/09/2018
 Clinic No. 27537/2018

जन्म तिथि/Date of Birth _____



Name AMITA CHAUDHARY
 MR. VINET CHAUDHARY
 Phone No. 8826212867
 Address JUDGE, NODDA,UTTAR PRADESH, Pin 9, INDIA

UHID-101862659
 Sex/Age F/45Y
 Room 6 (Shift Morning)

निदान/Diagnosis

दिनांक/Date

6-140

10-9-18

Cs Rt Colon PT3 No (IIA) met. diff adenoc

7/Rt hemicolectomy 31.7.18

PS-1

1/3rd stage

MSI (+)

LVI (+)

Plan adjuvant chemotherapy CAPOX 3m

may truncate @ 3m (if/No idea trial)

ado

B&A - 1.532m (ht - 150 / wt - 58kg)



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

inj emset 8mg
 inj dexa 8mg
 inj Lantac 50mg
 100ml NS | 30m

- inj oxaliplatin 200mg | 10 DS | 2hr

(2)
 for
 2/1/18

- Tab Capecitabine 1500mg BD (D1-D14)

& water within half hour
 after med.

(000)
 3 tabs
 every
 (000)

Post Chemo

- 10/10/18 Tab emset 8mg tds x 5ch [2 tablets qd]
- 10/10/18 Tab Lantac 150mg BD x 5d
- 10/10/18 Tab dexa 8mg BD x 3d (2 tablets qd)

F/U CBC / LFT / RFT on 24.9.18

सर्वर रक्त:

- WHO CR - 31/day
- Cap Immob - 2cap stat 1h → 2cap 1h → New Emergency

Sawani

19/11 - C# Capox
 - 10/12/18 + CBC/EC

24/9
 10/10/18: 0mg
 no toxicity
 D+3

CORE
 4654 248623

CBC/urea/creat.

3/10/18
 3/11/18
 C#3 Capox
 as written
 overleaf
 F/U - 30/11/18
 & CBC/KFT

10/10/18 - no toxicity
 go for C#2 Capox as overleaf.
 0mg - 3/10/18 - CBC/urea/creat



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
All India Institute of Medical Sciences

REIMBURSEMENT CERTIFICATE FOR INDOOR PATIENT
 ESSENTIALITY CERTIFICATE 'B'

UHID- 103 862 659

(To be filled by the concern Physician/Surgeon)

- A. 1. Name of the treating Doctor Dr. ATUL SHARMA Unit Med. Oncology
 2. Name of the Patient AMITA CHAUDHARY
 3. Address of the Patient JUDGE COLONY NOIDA
 4. Period of treatment from 22-09-2018 to 18-02-2019

B. 5&6 I Dr. ATUL SHARMA

hereby certify that the patient has been under treatment at All India Institute of Medical Sciences Hospital at my care and that the undermentioned Drugs/Lab test/X-ray prescribed by me in this connection were essential for the recovery of serious deterioration of the patient. The medicines are not stocked in the A.I.I.M.S. Hospital/Dispensary for supply to the Patient.

- C. That the injection administered was/were not stocked in the Dispensary for supply to the patient.
 D. That the patient is/was suffering from CA COLON
 and was/is under my treatment from 22-09-2018 to 18-02-2019

06/3/19

S. No.	Name and Nature of Charges	Amount
1.	Hospital charges Bill	₹. 44783.00
2.	Drugs purchase from outside	
3.	X-ray from outside Hospital	
4.	Lab test done from outside	
5.	Misc. (Item)	

Bill is attached list

Total ₹. 44783.00

Forty Four thousand seven hundred eighty three only

Reetika

Signature of Treating Surgeon/Physician
 (Pl. write name in Block letters)
 SENIOR PRESIDENT
 MEDICAL ONCOLOGY
 DR. B.R. AMBEDKAR CH. A.I.I.M.S.
 NEW DELHI-110029

I certify that the Patient has been under treatment at the A.I.I.M.S. Hospital and that the service of the special nurse/attendant for which an expenditure of Rs. 44783.00 was incurred vide bills and receipts attached were essential for the recovery/prevention of serious deterioration on the condition of the patient.

Signature of Medical Officer Incharge
 of the care of the Hospital

I Certify that the patient has been under treatment at the A.I.I.M.S. Hospital and thus facilities provided were the minimum which were essential for treatment.

[Handwritten Signature]
MEDICAL SUPERINTENDENT
A.I.I.M.S. HOSPITAL

[Handwritten Signature]
जाँचा और सत्यापित किया
CHECKED & VERIFIED

चिकित्सा अधीक्षक/MEDICAL SUPERINTENDENT
अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL
डॉ. पी.रा.अ. सं.से.के.अ./Dr. P.R.A., I.R.C.H.
नई दिल्ली-110029/New Delhi-110029

No. 1178/MPs/19-20

Date 10/7/19

Place.....

N.B. : Certificate note applicable should struck off.

Certificate 'D' is compulsory and must be filled.

This is to certify that I am not beneficiary to the C.G.H.S.

OR

My case is referred by C.G.H.S.

Signature of the Govt. Servant
&
Office to which attached

DECLARATION

I hereby declare that the statement in this form are true to the best of my knowledge and belief and that our person for whom medical expenditure were incurred is wholly upon me.

Signature of the claimant
&
Office to which attached

Summary of Bill (UHID-103862659) Patient: Amita Chaudhary

SL No.	Bill No.	Date	Amount
1	216016	22/09/2018	4227.00
2	Accts-9/30649/201819	22/09/2018	60.00
3	Accts-18137022/201819	13/10/2018	2500.00
4	RT-0021867	13/10/2018	2715.00
5	RT-0021862	13/10/2018	1992.00
6	Acc-18/15153/201819	03/11/2018	2500.00
7	58827	03/11/2018	2860.00
8	58824	03/11/2018	2500.00
9	27582	24/11/2018	4170.00
10	Acc-18/16348/201819	24/11/2018	2500.00
11	RT-0027687	24/11/2018	2037.00
12	RT-0030650	15/12/2018	1857.00
13	154032	15/12/2018	2073.00
14	Acc-18/178395/201819	15/12/2018	2500.00
15	156156	31/12/2018	1800.00
16	Acc-9/57096/201819	18/02/2019	2500.00
17	352609	18/02/2019	4220.00
18	RT-0039232	18/02/2019	1772.00
	Total		44783.00

Revised
SENIOR RESIDENT
MEDICAL ONCOLOGY
DR. B.R.A., I.R.C.H. A.I.I.M.S.
NEW DELHI-110029

Summary of Bill (UHID-103862659) Patient: Amita Chaudhary

SL No.	Bill No.	Date	Amount
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11	RT-0027687	24/11/2018	2037.00
12	RT-0030650	15/12/2018	1857.00
13	154032	15/12/2018	2073.00
14	Acc-18/178395/201819	15/12/2018	2500.00
15	156156	31/12/2018	1800.00
16	Acc-9/57096/201819	18/02/2019	2500.00
17	352609	18/02/2019	4220.00
18	RT-0039232	18/02/2019	1772.00
	Total		44783.00

Reetika
SENIOR RESIDENT
MEDICAL ONCOLOGY
DR. B.R.A., I.R.C.H. A.I.I.M.S.
NEW DELHI-110029



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ. ३

Dr. A.S.
10/12/18

OPR-6

शरीरमाद्यं खलुधर्मशासनम्

अस्पताल

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 218197
Clinic Adult Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General
Name AMITA CHAUDHARY
W/O- VINEET-CHAUDHARY
Phone No. 8826212865
Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA
Reg. Date-10/09/2018
Clinic No. 27537/2018
UHID-103862659
Sex/Age F/45Y
Room 6 (Shift Morning)

REMISES

यूक/Unit

विभाग/Dept.

नाम/Name

Regn. No.

जन्म तिथि/Date of Birth

निदान/Diagnosis

Ca colon, Ady.

दिनांक/Date

उपचार/Treatment

10.12.18

C₅ - 15.12.18 y CBC WNL

- 2g Enoxaparin 2x daily

- 2g Oxaliplatin 150mg IV

- Tab. Capecitabine 500mg 2-3x daily

- Cap. Irinotecan 250mg IV

- Oral suppin treatment as before

- Review

~~Review~~

C₅ - CRP

CRC + Kiobon + CEA

10/12/18

2 Nov

10/12/18

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

18.2.19

6. May h given — Genetic counseling

Pl. see a above — test for risk

18.2.19

27.3.19

18

7/3/19

CEA, USA Abdo / Pelvis — Review after 3 months on 26/6/19

Annual CA125
Transvaginal USA } To screen for endometrial / ovarian tumor

19

Stepno



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

अ.भा.आ.सं. अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit Dr. A-S

विभाग/Dept.

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

IRCH No. 218197

Reg. Date-10/09/2018

No. A DMOc

नाम/Name

Clinic Adult Medical Oncology Clinic

Clinic No. 27537/2018

म तिथि/Date of Birth

Deptt. MEDICAL ONCOLOGY
General



Name AMITA CHAUDHARY

UHID-103862659

W/O- VINEET CHAUDHARY

Sex/Age F/45Y

Phone No. 8826212865

Room 6 (Shift Morning)

Address JUDGE NOIDA, UTTAR PRADESH, Pin:0, INDIA

निदान/Diagnosis

दिनांक/Date

140
10-9-18

Ce Rt Colon PT3 No (IIA) mod. diff. adenoc
P/Rt hemicolectomy 31.7.18

PS-1

HBsAg +ve in teno virus

MSI (+)

LVI (+)

Plan adjuvant chemotherapy CApec 26m

may truncate @ 3m (if/idea trial)

ado

B&A - 1.532m (ht - 150 / wt - 58kg)



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ly emset 8mg
 ly dexa 8mg
 ly Lantac 50mg

100 ml NS | 30m

ly Oxaliplatin 200mg | 10 D5 | 2hr

Tab Capecitabine 1500mg BD (D1 - D14)

with water within half hour after meals

(000)
 3 tabs
 every
 (000)

Post Chemo

- Tab emset 8mg tabs x 5 days [2 वारी के]
- Tab Lantac 150mg BD x 5d
- Tab dexa 8mg BD x 3d (29/10/18 तक)

Flu - CBC / UFT / RFT on 24.9.18

प्रति रक्त:

WHO ORS - 3l/day

Cap. Immune - 2cap stat hr → 2cap/d

New Emergency

Sawon

(Fr 29/11)

19/11 - C# Capox
 Fr 10/12/18 r CBC/BC

Genetic test for Lynch S

CORE

4654 248623

no toxicity

Feb D+3

10/18: OPD

10/10/18

no toxicity

C#2/used/used

31/10/18

3/11/18

go for C#2 Capox as overleaf

OPD - 31/10/18 - C#2/used/used

C#3 Capox as written overleaf

Flu - 30/11/18

C CBC/KFT

+ DURGA MEDICOSE +

KIOSK NO. 55, SAFDARJUNG HOSPITAL, GATE NO. 2, NEW DELHI-29, Ph.: 011-26168992

Bill No. : 216016 **GST INVOICE** **Date :** 22/09/18
Patient : AMITA CHOUDHARY **Time :** 12:09 PM
Address : S
Prescribed by : AIIMS

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
90	CAPODA 500	30049079	12.0	41B-4	12/19	4050.00
10	RANTAC-150MG TAB.	30049033	12.0	KR37362	11/19	7.50
4	IMODIUM-CAP	30049099	12.0	N274	11/20	14.50
10	EMESET-8MG TABS	30049035	12.0	GG70340	01/20	95.13
10	MURADEX 8MG TAB	00002106	12.0	T-24	03/20	60.00

D.L.NO.:S(1991) 15R

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	3,774.22	CGST 6%	226.46	SGST 6%	226.46
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	
CGST Total	226.46		MRP TOTAL		4,227.13
SGST Total	226.46		DIS. AMT.		
oper:- SATISH			PAID AMT.		4,227.00

GSTIN : 07ABPPK4453M1Z4 D.L. No.: S (1991) 15R

Note : Cutting strips & fridge items (without ice) will not be returned.
 Medicine will not return after Ten Days

SENIOR RESIDENT
 MEDICAL ONCOLOGY
 DR. B. K. RAJ R.C.H. A. *[Signature]*
 NEW DELHI-110029
FOR : DURGA MEDICOSE

RETURN TO: P.O. NO. 55, SAFDARJUNG HOSPITAL, GATE NO. 2, NEW DELHI-29