



GOVERNMENT DISTRICT COMBINED HOSPITAL, GAUTAM BUDDH NAGAR
जिला संयुक्त चिकित्सालय, गौतमबुद्धनगर



Out Patient Department (OPD) Ticket **128378**

Date 14/7/21 Department Dental OPD No.
 Patient Name : Arjun Prasad. S / D / W/o Age 54 Sex : M / F / Trans
 Address :

Chief complaint(s) : P1 clo missing 7,6
 History of present illness :
 Past history / family history : Adv. artificial prosthesis / implants.
 Medical / Surgical history / Known drug allergy : Refer to higher center for
useful. Dr. Neha Khatter
14/7/2021.

General Physical Examination

Ht : cm	Wt : cm	Temp deg.F	Pulse /min	BP mmHg	RR /min
Pallor - Present / Absent	Icterus - Present / Absent	Oedema - Present / Absent	Cyanosis - Present / Absent	Dehydration - Mild / Mod / Severe	

Systemic Examination

CNS : CVS : Resp :

Local Examination

Abdominal : Chest : Resp :

Differential diagnosis	Treatment plan: Rx
Investigations :	

9654700983

Dr. Shubha.

Continuation Sheet (OPD)



MAULANA AZAD INSTITUTE OF DENTAL SCIENCES
NEW DELHI

Name Justice Anand Prasad Gupta Age 54 Sex M OPD Reg. No. 20405

17/7/21 Missing 76

Shade A3.5

U/L Alginate imp taken

TRD - 24/7/21 at 9.30 am.

To deposit Rs 180/-

Adv. use of interdental brush
(ICPA/STIM)

Dept. of Prosthodontics
24/7/21

24/7/21 Lower RPD delivered
TRA 1 week for check up

Received Rs 180/-
GAP No. 32/2021 No. 24/7/21
Signature

30/10/21
Ends

Tooth with post in 1457 with cervical caries

Bridge dislodged in 257/457

Adv Ref

Schulcon

~~PFI~~ Ref to O/S - ① for extracting RS 145

RUG reveals ^① root lines (Grossly decayed) 14 Schulcon
with PAP

② Root lines with PAP 145 (R.L treated)

- Poor prognosis. Advised Extracting 145

Ref to O/S - ①

Schulcon

OMS
30/11/21

Extraction 145 done & DA E ends

Post op instructions given

- Tab Amoxiclav 625mg TDS HH
- Tab Ibuprofen 400mg TDS HH
- Tab Paracetamol 1500mg OD 1000 Bed

X 5 days
before
NCC/RS



Dr. GOTHI'S DENTAL CLINIC

X-43, Green Park (main), New Delhi- 110016

Tel: 011-79606679, 9650498289, 9560399601 | E-mail: drgothisclinic@gmail.com

Dr. Rajat Gothi
B.D.S., M.D.S.
Periodontist & Implantologist

Dr. Ravisha Gothi
B.D.S.
Dental Surgeon

Timing
5:00 pm to 8:30 pm
SUNDAY by appointment

Mr. Anagad Prasad (54 yrs) Male.

2/12/2021

R

- Patient advised C.B.C.T

$$\begin{array}{r|l} x & 4567 \\ \hline 78 & x \end{array}$$

for Implant placement.

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590



VI-SCAN DIAGNOSTICS

Powered by: Chesa Dental Care

Date: 03/12/21

Patient Name: Mr. Angad Prasad Gupta

Patient ID: 6980

Vi-Scan Branch: Noida

6980

Date 4/12/21

Receipt No.

Received With Thanks From

Angad Prasad Gupta

A Sum Of Rupees

Four Thousand Only

By Cheque/ Cash

Cash

No.

Date 4/12/21

Drawn On

Payment For

CBCT Full Mouth

₹ 4000/-

Subject To Realization

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

Authorised Sign

0120-4565101, 9108449432, 9148451322 | viscan.noida@gmail.com

Vi-Scan Diagnostics (Noida), House No: A-19, Basement, Udhyan Marg
Sector-35, Noida (UP) - 201301 | Chesa HO : 9606980274



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5:00 pm to 8:30 pm
SUNDAY by appointment

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st,
38
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m

Mr. Anand Prasad (54 yrs./Male)

19/12/2021

R

- Pt. came with C/C of loss of teeth.

O/E - Edentulous region was seen $\bar{c} \frac{2}{78} \frac{167}{10}$

Pat. was advised C.B.C.T in same region for implant placement.

Treatment given was Implant placement

$\bar{c} \frac{1}{78} \frac{16}{10}$ later to foll. by crown placement (after 3 months from placement of Implant.)

- Treatment remaining -> Implant to be placed $\bar{c} \frac{1}{67} \frac{16}{10}$ foll. by crown.

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

UDI 7290104789849
LOT 21069485 REF 1020
2021-06 2024-05
ICE-implant Classical Ethetic
D4.2mm L10mm



UDI 7290104789849
LOT 21069485 REF 1020
2021-06 2024-05
ICE-implant Classical Ethetic
D4.2mm L10mm



The Dental Clinic

Nirmal Medical Centre

65, Saiyad ul Ajaib, South of Sake
Near Anupam Apartment, New Delhi-11006
Clinic Timing : Monday to Saturday
9:00 a.m. to 1:00 p.m., 5:00-8:30 p.m.
Sunday Timings : 10.00 a.m. to 1:00 p.m.

Dr. Jitender Sharma
B.D.S.
Director
M.: 9810199763

Dr. J.A. Shagoo
B.D.S.
M.: 9891378965
5.00 P.M. 8.30 P.M.
Sunday 10 A.M.-1 P.M.

Dr. Shilpa Handa
B.D.S.
M.: 9810363746

Dr. Prakriti
B.D.S.
M.: 8882884983

Name Mr. Anand Prasad Age _____ Sex M Date: 19/12/21

Implent done $\bar{c} = \frac{x}{y} \frac{b}{z}$



- Tab. Zocel (500mg) — (6)
 $\angle 0 \times 3 \text{dys.}$

- Tab. Enzoflan — (10)
 $\angle 0 \times 5 \text{dys.}$

Dr. GOTHI'S DENTAL CLINIC

43, Green Park (main), New Delhi- 110016

tel: 26564158, 9650498289, 9560399601 | E-mail: drgothisclinic@gmail.com

RECEIPT NO. 586

Dated 19/12/2021

Received with thanks from Mr. Anand Prasad

the sum of Rupees twenty five thousand only

by Cash/ Cheque/ Draft No. dt:

in part/ full payment on account of Implant placed @ 2/2
26/2

Rs. 25,000/-

Receipt valid subject to encashment of cheque.

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-55

For Dr. GOTHI'S DENTAL CLINIC



Dr. GOTHI'S DENTAL CLINIC

X-43, Green Park (main), New Delhi- 110016

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Periodontist & Implantologist

Dr. Ravisha Gothi
B.D.S.
Dental Surgeon

Timing
5:00 pm to 8:30 pm
SUNDAY by appointment

Mr. Anand Prasad,

3/4/22

- Jig trial done & abutment
for Implant = $\frac{x}{76} \times x$

DR. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

Regd. No. -

Dr. GOTHI'S DENTAL CLINIC

43, Green Park (main), New Delhi- 110016

tel: 26564158, 9650498289, 9560399601 | E-mail: drgothisclinic@gmail.com

RECEIPT NO. 594

Dated 3/4/22

Received with thanks from Mr. Anand Prasad,


the sum of Rupees Two thousand, only.

by Cash/ Cheque/ Draft No. dt.

in part/ full payment on account of Trial for Implant.

Rs. 2000/-

Receipt valid subject to encashment of cheque.


For Dr. BAJAT GOTHI
B.D.S., M.S.S.
Regd. No. 12345



Dr. GOTHI'S DENTAL CLINIC

X-43, Green Park (main), New Delhi- 110016

Tel: 011-79606679, 9650498289, 9560399601 | E-mail: drgothisclinic@gmail.com

Dr. Rajat Gothi
B.D.S., M.D.S.
Periodontist & Implantologist

Dr. Ravisha Gothi
B.D.S.
Dental Surgeon

Timing
5:00 pm to 8:30 pm
SUNDAY by appointment

Mr. Anand Prasad,

9/4/22

R

- Implant Crown cemented ✓ $\frac{2}{26} \frac{6}{4}$

DR. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

Regd. No. --

Dr. GOTHI'S DENTAL CLINIC

43, Green Park (main), New Delhi- 110016
Tel: 26564158, 9650498289, 9560399601 | E-mail: drgothisclinic@gmail.com

RECEIPT NO. 597

Dated 9/4/22

Received with thanks from Mr. Anand Prasad

The sum of Rupees Twenty five thousand only.

by Cash/ Cheque/ Draft No. dt.

in part/ full payment on account of Implant crown placed ₹ 25,000/-

Rs. 25,000/-

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

Receipt valid subject to encashment of cheque.

For Dr. GOTHI'S DENTAL CLINIC

Certificate "A"

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

- 1- Dr. Rajat Gothi hereby Certify.
- i) That I Charged/received is 52,000/- (Fifty Two Thousand) for consultations ^{& Treatment} on 02.12.2021 To 09.04.2022 at my consulting room at the residence for the patient.
- ii) That I charged a bed received is for administering intramuscular Sun census injections on at my consulting room/at the residence of the patient.
- iii) That the patient has been under treatment at Hospital/My consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recover/preventions of serious degeneration in the conditions of the patient. The medicines are not stocked in the (name of the hospital) Dr. Gothi's Dental Clinic, New Delhi the supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily food toilets and disinfectants.

Sl.No.	Date	Name of Medicines	Quantity	Price
1.	14.07.2021	Govt. District Hospital Gautam Budh Nagar		NIL
2.	17.07.2021	Maulana Azad Ins. of Dental Sci. N. Delhi		180/-
3.	02.12.2021	Dr. Gothi's Dental Clinic N. Delhi C.B.C.T.		NIL
4.	04.12.2021	C.B.C.T. by VI-Scan Diag. Noida		4000/-
5.	19.12.2021	Dr. Gothi's Dental Clinic Treatment given		25,000/-
6.	03.04.2022	Dr. Gothi's Dental Clinic Ttg Trial done		2000/-
7.	09.04.2022	Dr. Gothi's Dental Clinic Implant crown cemented		25000/-
8.				
9.				
10.				

Total = 56,100/-
(Fifty Six Thousand One hundred eighty)


DR. RAJAT GOTHI
 B.D.S., M.D.S.
 Regd. No. A-8590

- (2)
- iv) That the patient is /was suffering for Implant Placement and is/was under my treatment from 02.12.2021 to 09.04.2022
- v) That the patient is/was not given prenatal or postnatal treatment.
- vi) That the X-ray, Laboratory test, ^{C.B.C.T.} etc. for which an expenditure of 4000/- as incurred were necessary and were undertaken on my advice at Dr. Gothi's Dental Clinic New Delhi
- vii) That I referred the patient to Dr. Specialist Consultation and the necessary of the as required under the rules was obtained.
- viii) That the Patient did not require/required under the rules for hospitalization.
- ix) I am not drawing any NPA/NPP.

Date :

Signature and Designation
of the Medical Officer and
the Hospital Dispensary to
which attached

Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

N.B.:- Certificate not applicable should be struck off certificate "A" is compulsory and must be filled in by the Medical Officer in all Cases.

COUNTERSIGNED

Certify that the patient has been under treatment at the Dr. Gothi's Dental Clinic New Delhi hospital and that the facilities provided were minimum which were essential for the patient treatment.

Place:- New Delhi

Date:- 09.04.2022

Rs. 56180/-
(Rs. Fifty Six Thousand One hundred Eighty Only.)


Chief Medical Officer
Siddharth Nagar


Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

परिशिष्ट "य"
(भाग-पॉच-नियम-16 तथा 18 देखें)

संवा में,

कार्यालयाध्यक्ष का नाम,
श्रीमान महानिबंध्यक
माननीय इन्व-मायलय
इलाहाबाद।

विषय:- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति

महोदय,

में अंगद प्रसाद -I / मेरे पारिवारिक सदस्य (नाम)

ने दांत की समस्या (Implant Placement)

(बीमारी का नाम) के लिए (दिनांक) 02.10.2021 से

09.04.2022 तक डा० गोपी डेवल क्लीनिक, नई दिल्ली

(चिकित्सालय का नाम) में उपचार कराया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ:-

1. उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र
2. उपचारी चिकित्सक द्वारा विधिवत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश गप) बीजक (बिल), बाउचर।
3. यह प्रमाणित किया जाता है कि उपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित है।

मेरे उपचारार्थ _____ के पत्र संख्या _____

दिनांक _____ द्वारा स्वीकृत रू० _____ के अग्रिम का समायोजन करने के पश्चात मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

दिनांक 05.05.2022

Randhik
अंगद प्रसाद -I
अधिकारी/कर्मचारी का नाम (5780)
पदनाम उपान-पापा-आर
तैनाती का स्थान
परिवार-पापा-आर
सिद्धार्थ-नगर

अनिवार्यता प्रमाण पत्र

प्रमाणित किया जाता है कि श्री Angad Prasad पुत्र श्री Lt. Pateshwari Prasad
आयु. 56 वर्ष निवासी At. Post Belghat, Distt. Basti बीमारी Dental Problem से
पीड़ित अवस्था में मेरे समक्ष उपस्थित हुए। इनकी आकस्मिकता को देखते हुए इनका
उपचार दिनांक 02.12.2022 से 09.04.2024 तक मेरे द्वारा किया गया। उपचार की
आकस्मिकता प्रमाणित की जाती है।


हस्ताक्षर उपचारित चिकित्सक
Dr. RAJAT GOTHI
B.D.S., M.D.S.
Regd. No. A-8590

65/05/2022

प्रेषक,

अंगद प्रसाद-1,
प्रधान न्यायाधीश,
परिवार न्यायालय, सिद्धार्थनगर।

652
05/05/22

सेवा में,

मुख्य चिकित्साधिकारी,
जनपद सिद्धार्थनगर।

पत्रांक- 51/FC/SDR दिनांक 05.05.2022

विषय: दाँत के इम्प्लान्ट में हुए व्यय की प्रतिपूर्ति से सम्बन्धित दावे के तकनीकी परीक्षण हेतु

महोदय,

उपर्युक्त विषयक अवगत कराना है कि अधोहस्ताक्षरी द्वारा अपने दो दाँतों का इम्प्लान्ट कराया गया है, जिसमें अधोहस्ताक्षरी द्वारा 56,180/- (छप्पन हजार एक सौ अस्सी) रुपये चिकित्सा पर व्यय किये गये हैं, जिसकी प्रतिपूर्ति हेतु दावा प्रस्तुत किया गया है।

शासनादेश के अनुसार प्रस्तुत किये गये दावे का तकनीकी परीक्षण किया जाना आवश्यक है।

तकनीकी परीक्षण हेतु प्रस्तुत किया गया दावा मय समस्त चिकित्सीय प्रेस्क्रिप्शंस व बिल बाउचर मूल रूप से संलग्न कर आपको प्रेषित किया जा रहा है।

आपसे अनुरोध है कि आप यथाशीघ्र तकनीकी परीक्षण कर प्रतिवेदन प्रस्तुत करने का कष्ट करें।

सादर।

संलग्नक - यथोक्त।

दिनांक-05.05.2022

Handwritten
05/05/22

(अंगद प्रसाद-1)

प्रधान न्यायाधीश,
परिवार न्यायालय, सिद्धार्थनगर।

Jai Vivek Babu

Handwritten signature

प्रेषक,

मुख्य चिकित्सा अधिकारी,
सिद्धार्थनगर।

सेवा में,

श्री अंगद प्रसाद-1
प्रधान न्यायाधीश,
परिवार न्यायालय, सिद्धार्थनगर।

पत्रांक- मु0चि0अ0/चि0प्रति0/स्वी0/2022/4667

दिनांक: 21/5/2022


विषय- चिकित्सा प्रतिपूर्ति से सम्बन्धित दावे के तकनीकी परीक्षण के सम्बंध में।

महोदय,

आप अपने पत्रांक 51/FC/SDR दिनांक 05.05.2022 का सन्दर्भ ग्रहण करने का कष्ट करें, जिसके साथ संलग्न करके आपने स्वयं का चिकित्सा प्रतिपूर्ति से संबंधित अभिलेख प्रेषित किया है। इस पर उपलब्ध चिकित्सा प्रतिपूर्ति बिल सहित सम्पूर्ण अभिलेख का अवलोकन किया गया, अवलोकन के पश्चात मुबलित रू0 56,180/- (रुपये छप्पन हजार एक सौ अस्सी मात्र) के चिकित्सा बिल प्रतिपूर्ति हेतु उपयुक्त पाये गये, जिनको प्रतिहस्ताक्षरित कर/वाउचर मूलरूप में प्रेषित है।

संलग्नक: उपरोक्तानुसार मूलरूप में।

भवदीय,


मुख्य चिकित्सा अधिकारी,
सिद्धार्थनगर।