

प्रेषक, 16/1/20

मुख्य चिकित्सा अधिकारी  
अयोध्या।

सेवा में,

*श्री. श्रीमती / कुमारी / श्री / श्रीमती / श्री / श्रीमती*  
*अयोध्या - गंगाधर*

पत्रांक-मु0चि0अ0 / मेडि0-प्रति0 / 2019<sup>20</sup> / 167

दिनांक- 13/1/2020

श्री / श्रीमती / कुमारी *श्रीमती प्रभा रिपारी श्री पुनी अग्वा* चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

उपरोक्त विषयक आपके पत्र संख्या-*282/मु0चि0अ0* दिनांक-*6/1/2020* के सन्दर्भ में अवगत कराना है कि श्री / श्रीमती / कुमारी *श्रीमती प्रभा रिपारी श्री पुनी अग्वा* द्वारा प्रदेश के अन्दर एवं बाहर के संस्थान *Dr. Bhanu Prasad Cancer Institute, Lucknow, U.P.* दिनांक *9/9/2019* से *27/11/2019* तक के रोग *कैंसर* का उपचार कराया है। जिस पर कुल व्यय रूपया-*7,85,000/-* तक की प्रतिपूर्ति का दावा प्रस्तुत किया गया है।

चिकित्सा अनुभाग-6 के शासनादेश संख्या 2367/पांच-6-11-1082/87 दिनांक 07/10-11-12 द्वारा प्राप्त अधिसूचना संख्या 2275/5-6711-1082-87 लखनऊ 20 सितम्बर 2011 में निहित प्रविधानों के अन्तर्गत कुल रूपया-*7,85,000/-* की देय धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है। संदर्भित पत्र के साथ प्राप्त अभिलेख मूल रूप से संलग्न कर इस अनुरोध के साथ प्रेषित है कि यदि आवश्यक हो तो शासन के प्रशासनिक विभाग से नियमानुसार अपेक्षित स्वीकृत अपने स्तर से प्राप्त करें।

संलग्नक- समस्त बिल बाउचर मूल रूप में

*o/e Finance.*  
*[Signature]*  
16-1-2020

भवदीय  
*[Signature]*  
मुख्य चिकित्सा अधिकारी  
अयोध्या

प्रेषक,

ज्ञान प्रकाश तिवारी  
अपर जिला एवं सत्र न्यायाधीश,  
एफ0टी0सी0 द्वितीय, फैजाबाद।

सेवा में

माननीय जनपद न्यायाधीश  
फैजाबाद।

**विषय-चिकित्सीय प्रतिपूर्ति के सम्बन्ध में।**

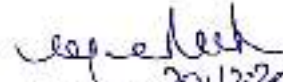
महोदय,

सादर निवेदन करना है कि मेरे द्वारा अपनी पुत्री के इलाज के खर्च की चिकित्सीय प्रतिपूर्ति मु0 78681/- रुपये हेतु निर्धारित प्रोफार्मे पर प्रार्थना पत्र मय मूल दस्तावेज प्रस्तुत किया जा रहा है।

अतः श्रीमानजी से अनुरोध है कि आवश्यक कार्यवाही करने की कृपा करें।


दिनांक-20.12.2019

भवदीय,

  
20.12.2019  
(ज्ञान प्रकाश तिवारी)

अपर जिला एवं सत्र न्यायाधीश,  
एफ0टी0सी0, द्वितीय, फैजाबाद।

ok finance

  
20.12.19

उत्तर प्रदेश असाधारण गजट, 20 सितम्बर, 2011

परिशिष्ट 'ग'

(भाग-पाँच-नियम-16 तथा 18 देखें)

सेवा में,

कार्यालयाध्यक्ष का नाम,  
माननीय जनपद एवं सलन्धायाधीश  
फैजाबाद (अयोध्या), उत्तर प्रदेश

विषय :- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।

महोदय,

मैं ज्ञान प्रकाश तिवारी मेरे पारिवारिक सदस्य (नाम) बेबी अम्बा  
ने थैलीसीमिया मेजर / स्टेम सेल BMF (MUD) (बीमारी का नाम) के लिए  
(दिनांक) 09-09-19 से (दिनांक) 27-11-19 तक R.C.C.I. & R.C.  
(चिकित्सालय का नाम) में उपचार करवाया 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 विधिवत् हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (बिल),  
बाउचर।
3. यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य गुज़र पर पूर्णतया आश्रित है।  
मेरे उपचारार्थ महोदय उच्च न्यायालय फैजाबाद पत्र सं० 10070/Admin.(B-1) Sec Dated Dec 17, 2019 (कार्यालय का नाम)  
तथा विशेष सचिव उ० प्र० असाधारण गजट पत्र सं० 377/दो-4-2019-53(2)/2018 से गु० 2375000-00  
के पत्र संख्या ..... दिनांक ..... द्वारा स्वीकृत है ..... के आश्रित  
(कृते इस लेख पत्र हस्ताक्षरित (हजा. माता) आश्रित) का सामायोजन करने के पश्चात् मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

अधिकारी / कर्मचारी का नाम :- Gyan Prakash Tiwari

पदनाम :- Addl. District & Sessions Judge

तैनाती का स्थान :- Faizabadi (Ayodhya)

दिनांक :- 17-01-2020



परिशिष्ट 'ड'

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती लेबी अम्बा तिवारी पुत्री जान प्रकाश तिवारी

पुत्र/पति/पत्नी श्री.....

आयु..... 7 वर्ष..... 8 माह.....

..... Thall Major .....

रोग से पीड़ित हैं। इनका उपचार ...MUD Bone marrow Transplant, RCI & RC (चिकित्सालय का नाम)

में मरीज की अपरिहार्य परिस्थिति/अव्यक्तिकता को देखते हुये दिनांक 09/09/2019...से शुरु किया गया।

  
चिकित्सक का नाम व मुहर  
DR. RAYAZ AHMED  
MD, DM Clinical Hematology (Vellore)  
Consultant, Hemato-Oncology & ENT  
R.C.S. & R.C., Sec-V, Rohini, Delhi-85  
DMC Reg. No. 54002

Certificate granted to Mrs./Mr./Miss Baby Amba Tiwari Cr. no. 205927  
 Wife/Son/Daughter of Mr. Gyan Prakash Tiwari  
 Employed in the A.D.J. Civil Court Farzabad

**CERTIFICATE "A"**

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

- I, Dr. Dinesh Bhusari/Narendra Agrawal/Raja Ahmed hereby certify :-
- (a) that I charged and received ₹ ..... for ..... consultations on ..... (date to be given) at my consulting room..... at the residence of the patient.
  - (b) that I charged and received ₹ ..... for administering ..... intramuscular injections/subcutaneous on ..... (date to be given) at my consulting room/at the residence of the patient.
  - (c) That the injections administered were for/were not for immunizing or prophylactic purposes.
  - (d) That the patient has been under treatment at R.G.C.I.A.F. P. Bahadur hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations, which are primarily foods, toilets or disinfection.

S.N.	Name of medicines	Prices
1.		
2.		
3.	<u>List cancelled</u>	<u>78681=00</u>
4.		
5.		
6.		

- (e) That the patient is/was suffering from Thall Major ..... and is/was under my treatment from 09.09.19 ..... to 27.1.19 .....
- (f) That the patient is/was not given prenatal or postnatal treatment.
- (g) That the X-ray laboratory test, etc. for which an expenditure of ₹ 78681=00 ..... was incurred were necessary and were undertaken on my advice at ..... (Name of hospital or laboratory)
- (h) That I referred the patient to Dr. .... for specialist consultation and that the necessary approval of the ..... (Name of the Chief Administrative Medical Officer of the State), as required under the rules was obtained.
- (i) That the patient did not require/required hospitalization.

  
 Signature of the Medical Officer  
 Name of the Hospital/Dispensary to which attached.  
 Dated 27.1.19  
 R.G.C.I.A.F. P. Bahadur, Delhi-35  
 DMC Reg. No. 94094

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.  
 Certificate granted to Mr./Miss ..... wife/son/daughter of Mr./Miss ..... employed in the .....



Certificate granted to Mrs./Mr./Miss.....  
 Wife/Son/Daughter of Mr.....  
 Employed in the.....

**CERTIFICATE "B"**

(To be Completed in the case of patients who are admitted to hospital for treatment)

**PART - A**

(To be signed by the Medical Officer in charge of the case at the hospital)

I, Dr. .... hereby certify :-  
 (a) that the patient was admitted to hospital on my advice/the advice of.....  
 (Name of medical officer).

(b) that the patient has been under treatment at ..... and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available, for preparation which are primarily foods, toilets or disinfection.

S.N.	Name of medicines	Prices
1.		
2.		
3.		
4.		
5.		

- (c) That the injections administered were not for immunizing or prophylactic purposes.
- (d) That the patient is/was suffering from ..... and is/was under my treatment from ..... to .....
- (e) That the X-ray, Laboratory tests, etc. for which an expenditure of ₹ ..... was incurred were necessary and were undertaken on my advice at.....  
 (Name of hospital or laboratory)
- (f) That I called in Dr. .... (Name of the Chief Administrative Medical Officer of the State), as required under the rules, was obtained.

Signature and Designation of  
 The Medical Officer in charge  
 of the Hospital, Sec-V, Rohini, Delhi-110085

**PART - B**

I certify that the patient has been under treatment at MC Reg. No. 64002 R.G.C.I. & R.C., Sec-V, Rohini, Delhi-110085 hospital and that the services of the special nurses, for which and expenditure of ₹ 78681.00 was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

35457-73431=00

Signature of the Medical  
 Officer-in-charge of the case at the Hospital

**COUNTERSIGNED**

Dr. ....  
 Medical Superintendent  
 DMC Reg. No. 64002

I certify that the patient has been under treatment at the R.G.C.I. & R.C., Sec-V, Rohini-110085 Hospital and that the facilities provided were minimum which were essential for the patients treatment.

Medical Superintendent  
 ..... Hospital  
 Place : .....  
 Date : .....

N.B. :- Certificate not applicable should be struck off. Certificate (d) is Compulsory and must be filled in by the Medical Officer in all cases.





प्रेषक,

ज्ञान प्रकाश तिवारी,  
अपर मुख्य न्यायिक मजिस्ट्रेट-प्रथम,  
फैजाबाद।

सेवा में,

माननीय जनपद न्यायाधीश,  
फैजाबाद।

विषय-

अपनी पुत्री का इलाज राजीव गांधी कैंसर इंस्टीच्यूट एण्ड  
रिसर्च सेन्टर, नई दिल्ली में कराये जाने के संबंध में सूचना।

महोदय,

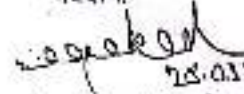
ससम्मान निवेदन है कि मेरे द्वारा अपनी पुत्री का इलाज  
राजीव गांधी कैंसर इंस्टीच्यूट एण्ड रिसर्च सेन्टर, नई दिल्ली में कराया जा रहा है  
और वही से उसका थोन मेरो ट्रांस प्लान्ट भी किया जाता है।

अतः सूचना माननीय महोदय की सेवा में आवश्यक कार्यवाही  
हेतु सादर प्रस्तुत है।

आंदर रहित।

दिनांक-25.05.2019

भवदीय,

  
25.05.2019

(ज्ञान प्रकाश तिवारी)  
अपर मुख्य न्यायिक मजिस्ट्रेट-प्रथम,  
फैजाबाद।

~~DDO.~~  
DO  
25519

3/5  
25/5/19





**Shri Ram Hospital, Ayodhya, Faizabad**  
**श्रीराम चिकित्सालय, अयोध्या, फैजाबाद**



5 MAR 2019

Out Patient Department (OPD) Ticket

036621

Date: ..... Department: ..... OPD No. ....

Patient name: शुभला तिवारी S.D./W/O ..... Age ..... Sex: M/F/Trans

Address: ..... 7/75

Chief complaint (s):

4 Malacunas Major

History of present illness:

Past history /family history:

Medical/Surgical history/known drug allergy:

Vital Signs					
HR	BP	Temp	Pulse	SpO2	RR
...../min	...../mmHg	.....°F	...../min	.....%	...../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):

h Rel-ta Reyee Gandee Causes  
Khoshkef

Differential diagnosis	Treatment plan: <u>Rx</u>  <u>Delhi</u> <u>Further investigation &amp; management</u> <u>accused</u>
Investigations:	
Final diagnosis	

डा० एस० के० पाठक  
 एम० डी० मेडिसिन  
 (फिजिशियन)  
 श्री राम चिकित्सालय, अयोध्या  
 फैजाबाद

0091  
10092

ISO 9001  
ISO 14001



RAJIV GANDHI CANCER INSTITUTE  
AND RESEARCH CENTRE

A Project of  
INDRAPRASTHA CANCER  
SOCIETY AND RESEARCH  
CENTRE

Sector - V, Rohini, Delhi-110085  
Tel.: 47022222-47022230 Fax: 91-11-47022237  
E-mail: rgicrc@rgh.net

C.R.No. : 205927

Date: 02/08/2019

Patient Name : Amba

Sex: FEMALE

Age : 7 yr

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019  
CMV+/-

**PRESCRIPTION SLIP**  
**DESCRIPTION**

Transplant related

E.coli UTI

VOD [day+10 – resolved with supportive care]

Engraftment syndrome [day+12 – received iv steroids]

Graft [Chimerism]

Day+23 – to chase

Infections

CMV reactivation [day+18] – on iv ganciclovir since 20.7.19,

IgG levels – 1168 mg/dl [day+15]

Day+31

1. Inj Cymvene 100mg iv in 100ml NS over 1 hour twice daily till 03/08/19
2. Syp Cyclosporine 90mg twice a day
3. Tab Forcan 100mg once day
4. Tab Bactrim SS – 1OD [Mon/wed/Fri]
5. Syp Acivir 2.5 ml thrice a day
6. Tab Pentids 200 twice a day
7. Tab Udiliv 150 mg twice a day
8. Tab Rantac 150 mg – ½ twice daily
9. Tab Magnorate 500 mg thrice a day
10. Syp Multivitamin 5ml once a day
11. Syp Calcimax 5ml once a day
12. Calcirol sachet 60000 U weekly
13. Zyltee oint. local applic<sup>n</sup>.

Review on 06/08/19 with CBC, Creatinine, SGPT, bilirubinT/D, K+, Mg+2, LDH, cyclosporine level, CMV, IgG level

*Heshudeep*

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumect/Faran  
MD., DM  
Haemato-Oncologist



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10092

ISO 9001  
ISO 14001



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INDO-ARABIAN CANCER  
SOCIETY AND RESEARCH  
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Sector - V, Rohini, Delhi-110085  
Tel.: 47022222-47022230 Fax: 91-11-47022237  
E-mail: [rcsic@rgh.net](mailto:rcsic@rgh.net)

C.R.No. : 205927

Date: 06/08/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PB5CT on 02/07/2019  
CMV+/-

**PRESCRIPTION SLIP**  
**DESCRIPTION**

Transplant related

E.coli UTI

VOD [day+10 - resolved with supportive care]

Engraftment syndrome [day+12 - received iv steroids]

Graft [Chimerism]

Day-28 - ~~to chase~~ ~~ov~~ ~~1~~

Infections

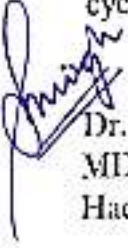
CMV reactivation [day+18] - on iv ganciclovir since 20.7.19, 6.8.19 - awaited

IgG levels - 1168 mg/dl [day+15], day+34 awaited

Day+35

1. Syp Cyclosporine 90mg twice a day
2. Tab Forcan 100 mg once day
3. Tab Bactrim SS - 100 [Mon/wed/Fri]
4. Syp Acivir 2.5 ml thrice a day
5. Tab Pentids 200 twice a day
6. Tab Udiliv 150 mg twice a day
7. Tab Rantac 150 mg - 1/2 twice daily
8. Tab Magnorate 500 mg thrice a day
9. Syp Multivitamin 5ml once a day
10. Syp Calcimax 5ml once a day
11. Calcirol sachet 60000 U weekly

Review on 09/08/19 with CBC, Creatinine, SGPT, Bilirubin T/D, K+, Mg+2, LDH,  
cyclosporine level

  
Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumeet/Faran/Vishvdeep  
MD., DM  
Haemato-Oncologist

F-10A



# Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Indraprastha Cancer Society  
Registered under "Societies Registration Act 1860"  
Sector-V, Rohini, Delhi - 110 085  
Tel. : 47022222 (30 Lines), 27051011 - 1015, Fax : 91-11-27051037

F/RECP/01-05-06



C. R. NO. 205927

Date 11/9/19

Patient's Name Baby Amba

Age/Sex 7Y f

Doctor's Name DR Bhuvain

## PRESCRIPTION SLIP

Rx

Clave connectm - (1)

Safuset - (1)

Possi flush - (4)

O/s 10cc - (4)

Ecc - (2)

Inj paracet 100mg - (1)

Inj amset 4mg - (2)

Inj ~~paracet~~ lasix 40mg - (1)

nl's 100ml - (1)

Inj Nitran 1.5cm - (1)

**PLEASE TAKE PRIOR APPOINTMENT FOR NEXT VISIT**



10091  
10092

ISO 9001  
ISO 14001



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AND RESEARCH CENTRE

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SOCETY AND RESEARCH  
CENTRE

Sector - V, Rohini, Delhi-110085  
Tel : 47022222-47022230 Fax: 91-11-47022213  
E-mail: rgcinc@tsh.net

C.R.No. : 205927

Date: 23/09/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019  
CMV+/-

PRESCRIPTION SLIP  
DESCRIPTION

Transplant related

E.coli UTI

VOD [day+10 – resolved with supportive care]

Engraftment syndrome [day+12 – received iv steroids]

Graft [Chimerism]

Day+28 and 60– 100% Donor

GVHD – Upper GI GVHD Grade 2 – conservative (Improved)

Infections

CMV reactivation [day+18] – on iv ganciclovir since 20.7.19, 6.8.19 - Negative

IgG levels – 1168 mg/dl [day+15], day+34 – 993

**Day+83**

1. Syp Cyclosporine 80 mg twice a day
2. Tab Bactrim SS – 1OD [Mon/wed/Fri]
3. Syp Acivir 2.5 ml thrice a day
4. Tab Pentids 200 twice a day
5. Tab Ustiliv 150 mg twice a day
6. Tab Magnaheal 400 mg six tablets a day
7. Syp Calcimax 5ml once a day
8. Tab. Folvite 5 mg once daily
9. Calcitriol sachet 60000 U weekly
10. Tab. Pantop 20 mg twice daily
11. Tab. Amlodipine 2.5 mg twice a day
12. Tab Envas 2.5 mg once daily

Review on 26/09/19 with CBC, Creatinine, SGPT, BilirubinT/D, K+, Mg+2, LDH,  
cyclosporine level,

CMV PCR- every thursday

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumet/Faran/Vishvdeep  
MD., DM  
Haemato-Oncologist

10091  
10092

ISO 9001  
ISO 14001



RAJIV GANDHI CANCER INSTITUTE  
AND RESEARCH CENTRE

A Project of  
INDIATHALASSEMIA CANCER  
SOCIETY AND RESEARCH  
CENTRE

Sector - V, Kohino, Delhi- 110085  
Tel.: 47022223-4 7022230 Fax: 91-11-47022237  
E-mail: rgcin@rghindia.org

C.R.No. : 205927

Date: 26/09/2019

Patient Name : Amba

Sex: FEMALE

Age : 7 yr

Diagnosis : Thalassemia Major, Post Allo MUD PB SCT on 02/07/2019

CMV+/-

**PRESCRIPTION SLIP**

**DESCRIPTION**

Transplant related

E.coli UTI

VOD [day+10 - resolved with supportive care]

Engraftment syndrome [day+12 - received iv steroids]

Graft [Chimerism]

Day+28 and 60 - 100% Donor

GVHD - Upper GI GVHD Grade 2 - conservative (Improved)

Infections

CMV reactivation [day+18] - on iv ganciclovir since 20.7.19, 6.8.19 - Negative

IgG levels - 1168 mg/dl [day+15], day+34 - 993

Day+83

1. Syp Cyclosporine 80 mg twice a day
2. Tab Bactrim SS - 1OD [Mon/wed/Fri]
3. Syp Acivir 2.5 ml thrice a day
4. Tab Pentids 200 twice a day
5. Tab Udiliv 150 mg twice a day
6. Tab Magnaheal 400 mg six tablets a day
7. Syp Calcimax 5ml once a day
8. Tab. Folvite 5 mg once daily
9. Calcirol sachet 60000 U weekly
10. Tab. Pantop 20 mg twice daily
11. Tab. Amlodipine 2.5 mg twice a day
12. Tab Envas 2.5 mg once daily - Hold if BP < 70/40
13. Tab. Inderal 10 mg twice daily

Review on 03/10/19 with CBC, Creatinine, SGPT, Bilirubin T/D, K+, Mg+2, LDH,  
cyclosporine level,

CMV PCR- every other thursday

*Vishwdeep*  
Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sameet/Faran/Vishwdeep

MD., DM

Hae-mato-Oncology

**VISHWDEEP KHUSHOO**  
DM-CLINICAL HEMATOLOGY  
(CMV VELLORE)  
Consultant Hematology  
DNO-37015



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RAJIV GANDHI CANCER INSTITUTE  
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INDRAPRASHA CANCER  
SOCIETY AND RESEARCH  
CENTRE

Sector - V, Rohini, Delhi- 110085  
Tel.: 47022222-47022230 Fax: 91-11-47022237  
E-mail: rgsc@rscih.net

C.R.No. : 205927

Date: 03/10/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019  
CMV+/-

PRESCRIPTION SLIP

DESCRIPTION

Transplant related

E.coli UTI

VOD [day+ 10 – resolved with supportive care]

Engraftment syndrome [day+12 – received IV steroids]

Graft [Chimerism]

Day+28 and 60– 100% Donor

GVHD – Upper GI GVHD Grade 2 – conservative (Improved)

Infections

CMV reactivation [day+18] – on IV ganciclovir since 20.7.19, 6.8.19 - Negative  
IgG levels – 1168 mg/dl [day+15], day+34 – 993

Day+93

1. Syp Cyclosporine 80 mg twice a day
2. Tab Bactrim SS – 1OD [Mon/wed/Fri]
3. Syp Acivir 2.5 ml thrice a day
4. Tab Pentids 200 twice a day
5. Tab Udiliv 150 mg twice a day
6. Tab Magnaheal 400 mg six tablets a day
7. Syp Calcimax 5ml once a day
8. Tab. Folvite 5 mg once daily
9. Calcirol sachet 60000 U weekly
10. Tab. Pantop 20 mg once daily
11. Tab. Amlodipine 2.5 mg twice a day
12. Tab. Inderal 10 mg twice daily

Review on 10/10/19 with CBC, Creatinine, SGPT, BilirubinT/D, K+, Mg+2, LDH,  
cyclosporine level,

CMV PCR- every other thursday

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumect/Faran/Vishvdeep  
MD., DM

Haemato-Oncologist

VISHVDEEP KHUSHOO  
DM CLINICAL HEMATOLOGY  
(CMV VELLORE)  
Consultant Hematology/  
DMC-07016

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RAJIV GANDHI CANCER INSTITUTE  
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INDHAPRASTHA CANCER  
SOCIETY AND RESEARCH  
CENTRE

Sector - V, Rohini, Delhi-110085  
Tel: 47022222-47022230 Fax: 91-11-47022237  
E-mail: rgc@rgceth.net

C.R.No. : 205927

Date: 10/10/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019  
CMV+/-

PRESCRIPTION SLIP  
DESCRIPTION

Transplant related

E.coli UTI

VOD [day+10 -- resolved with supportive care]

Engraftment syndrome [day+12 -- received IV steroids]

Graft [Chimerism]

Day+28 and 60-- 100% Donor

GVHD -- Upper GI GVHD Grade 2 -- conservative (Improved)

Infections

CMV reactivation [day+18] -- on IV ganciclovir since 20.7.19, 6.8.19 - Negative  
IgG levels -- 1168 mg/dl [day+15], day+34 -- 993

Day+100

1. Syp Cyclosporine 90 mg twice a day
2. Tab Bactrim SS -- 1OD [Mon/wed/Fri]
3. Syp Acivir 2.5 ml thrice a day
4. Tab Pentids 200 twice a day
5. Tab Udiliv 150 mg twice a day
6. Tab Magnaheal 400 mg six tablets a day
7. Syp Calcimax 5ml once a day
8. Tab. Folvite 5 mg once daily
9. Calcirol sachet 60000 U weekly
10. Tab. Pantop 20 mg once daily
11. Tab. Amlodipine 2.5 mg twice a day
12. Tab. Inderal 10 mg twice daily

Review on 14/10/19 and 18/10/19 with CBC, Creatinine, SGPT, BilirubinT/D, K+,  
Mg+2, LDH, cyclosporine level

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumect/Farah/Vishvdeep  
MD., DM  
Haemato-Oncologist



H-3 7th Floor, Sector 29, Gurgaon, Haryana  
 Ph. 4327313, 27056687, 9811485964

ORIGINAL

GST No: 07ANLPK2851R1ZE

B.L.No.: N# (1234) /13/17

CASH MEMO NO.: 3972

DATE: 22/07/2017

NAME: AMBA (205927)

Pr. By: Dr. RAJIV GANDHI CANCER INSTITUTE

ADDRESS: 8299796601

Sr.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	GST%	RATE	DIS%	AMOUNT
1.	45	15	UDOLIV 150 MG	UD09009	01/21	5	297.52	21.00	692.56
2.	15	15TAB	AM. DPRES 2.5MG	T025N01443	04/20	12	25.41	18.00	25.41
3.	15	15	UDOLIV 150 MG	UD08005	12/20	5	276.40	21.00	276.40
4.	4	167	CA. CIRCL. GRANULES	JK19020	02/21	12	43.00	21.00	172.00
5.	30	10'S	PENTIDS 400	VV00301	12/19	12	13.67	10.00	41.01



MEDICINE SHOULD BE RETURN WITHIN 30 DAYS  
 INCL. GST DETAILS

172.00 X 12 % = 20.76 , 675.06 X 5 % = 33.75  
 CGST : 32.25  
 SGST : 32.25  
 TOTAL AMT : 1401.46  
 LESS DIS : 289.00  
 Net Amt. (R/O) : 1112.46

All disputes are subject to Delhi Jurisdiction.  
 Goods once sold will not be taken back.

For RAJIV GANDHI MEDICOS

E.&O.E. (Computer Generated Invoice)

**THE MEDICINE HOUSE**  
11/2, FIRST FLOOR, NEAR NANDI WADI WALL GALL,  
MAIN MARKET, YUSUF SARAI  
NEW DELHI 110016  
Phone : 9818490572 Fax : -26191779  
License No. 131245720 21, 208 218 PHONE : 9818490573  
GSTIN 07AAFFT8062N1ZN

**GST TAX INVOICE**

Party Name :  
**AMBA**  
PIO DR.D BHURANI  
RAJEEV GANDHI HOSPITAL  
PHONE : 0

Invoice No : R-0001776  
Invoice Date : 09-09-2019  
Due Date : 09-09-2019  
Order No. :  
Order Date : L.R. No. :  
L.R. Date : 09-09-2019  
Cases : 0  
Transport :

S.	Qty.	Free	Mfr	Pack	Product Name	Batch	EXP	HSN	M.R.P	Rate	Dis	SGST	Value	CGST	Value	Amount
1	1	-	CELL	1*60	MAGNAHEAL TAB	T-339	7/20	2936	1650.00	1118.64	0.00	9.00	100.68	9.00	100.68	1118.64
<b>TOTAL</b>																
CLASS					TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST						
GST 5.00%					0.00	0.00	0.00	0.00	0.00	0.00						0.00
GST 12.00%					0.00	0.00	0.00	0.00	0.00	0.00						0.00
GST 18.00%					1118.64	0.00	0.00	100.68	100.68	201.36						100.68
GST 28 %					0.00	0.00	0.00	0.00	0.00	0.00						0.00
<b>TOTAL</b>					1118.64	0.00	0.00	100.68	100.68	201.36						



Rs. One Thousand Three Hundred Twenty Only  
MSG: " HAVE A Nice Day "

FOR THE MEDICINE HOUSE



**TOTAL**  
DIS AMT. 0.00  
SGST PAYABLE 100.68  
CGST PAYABLE 100.68  
CRDR NOTE 0.00

**Grand Total**  
**1320.00**

**Terms & Conditions**  
Goods once sold will not be taken back or exchanged.  
All disputes subject to Jurisdiction only.  
Bills not paid due date will attract 24% interest.





**Rajiv Gandhi Cancer Institute  
and Research Centre**

Ministry of Health and Family Welfare  
Government of India - Greater Noida Sector 14

Accredited by:



D - 18, Sector - 5, Farid, Delhi - 110005 | Tel. : +91-11-4700 2222 | GSTIN: C7AAAT04-001201 | Email ID: info@rgci.org | Website: www.rgci.org

ISO No. : F/MISC/09-04-01

**CASH MEMO (Original Copy)**

Receipt No	: R/19-20/191714	Date	: 11-09-2019	Patient	: BABY,AMBA .
CR No	: 205927			Age/Sex	: 7 Years/Female
Category	: PRIVATE			Ref By	:
Location	: RGCI				
State Code	: 7				

Sl.No	Particulars	Unit	Amount(Rs)
1	PLASMA,CYCLOSPORINE BY IMMLINDASSAY (Dr. Anurag Mehta .)	1	2310.00
Gross Amount:			2310.00
Amount Paid			2310.00

Received with thanks from / on-behalf of BABY,AMBA . an amount of Two Thousand Three Hundred And Ten Rupees only (By Credit Card :2310.00, Credit Card No. : XXXXXXXX2385, Date :2019-09-11,Bank :AXIS BANK,Card Holder :.)

Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no.8299211481. To update mobile no for future correspondence, kindly contact our registration desk.

11-09-2019 11:05 am

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Created By : GOVINDA\_8792



9/11/2019 11:2



**Rajiv Gandhi Cancer Institute  
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Accredited by:



D - 18, Sector - 5, Rohini, Delhi - 110085 | Tel: +91-11-4702 2222 | GSTIN: 07AAAT0440C1ZD | Email ID: info@rgcic.org | Website: www.rgicr.org

ISO No. : F/MISC/09-04-01

**CASH MEMO (Original Copy)**

Receipt No	: R/19-20/191669	Date	: 11-09-2019	Patient	: BABY.AMBA
CR No	: 205927			Age/Sex	: 7 Years/Female
Category	: PRIVATE			Ref By	:
Location	: RGCI				
State Code	: 7				

Sl.No	Particulars	Unit	Amount(Rs)
1	OPD Consultation [Dr. Casually]	1	750.00
Gross Amount			750.00
Amount Paid			750.00

Received with thanks from / on-behalf of BABY.AMBA , an amount of Seven Hundred And Fifty Rupees only  
(By Credit Card :750.00, Credit Card No. : XXXXXXXX2385,Date :2019-09-11,Bank :AXIS BANK,Card Holder:0)

Note : Validity For one Visit Only

Signature

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9/11/2019





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and Research Centre**

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Accredited by:



D - 18, Sector - 5, Rohini, Delhi - 110085 | Tel. → 91-11-4702 2222 | GSTIN: 07AAAT0440C1Z0 | Email ID: info@rgcic.org | Website: www.rgic.org

ISO No. : F/MISC/09-04-01

**CASH MEMO (Original Copy)**

Receipt No : R/19-20/191667      Date : 11-09-2019      Patient : BABYAMBA .  
CR No : 205927      Age/Sex : 7 Years/Female  
Category : PRIVATE      Ref By :  
Location : RGC  
State Code : 7

SLNo	Particulars	Unit	Amount(Rs)
1	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta .]	1	475.00
	<b>BIOCHEMISTRY</b>		
2	SERUM CREATININE [Dr. Anurag Mehta .]	1	230.00
3	SERUM POTASSIUM [Dr. Anurag Mehta .]	1	260.00
4	SERUM MAGNESIUM [Dr. Anurag Mehta .]	1	570.00
5	SERUM TOTAL BILRUBIN [DPD] [Dr. Anurag Mehta .]	1	175.00
6	SGPT (IFCC WITH PP ) AT 37 C)-C/154 [Dr. Anurag Mehta .]	1	230.00
	<b>MOLECULAR DIAGNOSTIC</b>		
7	Quantitative PCR for CMV [Dr. Anurag Mehta .]	1	6000.00
Gross Amount			7940.00
Amount Paid			7940.00

Received with thanks from / on-behalf of BABYAMBA . an amount of Seven Thousand Nine Hundred And Forty Rupees only  
(By Credit Card :7940.00, Credit Card No. : XXXXXXXX2385, Date :2019-09-11,Bank :AXIS BANK,Card Holder : *[Signature]*)

Signature

**Note:** You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no.8299211481.  
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Created By : GOVINDA\_8792



9/11/2019 11:09



**RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE**  
 (Unit of Indraprastha Cancer Society and Research Centre)  
 Sector - 5, Rohini, Delhi - 110 085  
 Phone : 011-47022222, 011-4702 2083  
 E-mail : pharmacy.support@rgcicr.org

GST : 07AAAT10440C1ZD

DL No. : DL-RIT-117023-(20) & 117024-(21)

Original

*Mumbai*

Date / Time 11/9/19

**OPD PHARMACY-SALES BILL**

Bill No. **4987**

Pt. CR No. 205925

Pt. Name Baby Amber

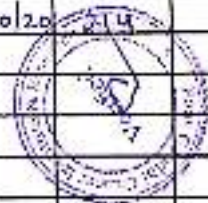
WARD / Bed No. \_\_\_\_\_

Consultant Sinetha Sharma

Admission / IP No. \_\_\_\_\_

Cash / Credit Cash Payment

Sr.	Software Code	Full Item Name	Batch	Expiry	MRP	Qty.	Amt.	Disc.	Line Value
1		<u>100 Furvad 1ml</u>	<u>19003</u>	<u>10/20</u>	<u>214</u>	<u>1</u>		<u>10%</u>	<u>192.60</u>
2									
3									
4									
5									
6									
7									
8									
9									
10									



Prepared By \_\_\_\_\_

Check by *[Signature]*

TOTALS

193

1. Values / amt. are Inclusive of applicable GST & Taxes
2. Keep Original Bill safely with you till you consume / wish to return the medicine
3. Cold/overpriced & Exp / Damaged medicines shall not be taken back.
4. Error OR Omission in making of Bill is requested & will be edited to the right and favour of customer
5. Any dispute shall be subject to a mutual arbitration or subject to Delhi Jurisdiction.
6. To ensure genuine quality in our hospital, all medicines are procured only from company appointed supplier. Stored & dispensed strictly as per 'Disp. NABH' & 'Pharmacy Law' by qualified Pharmacist staff.





**Rajiv Gandhi Cancer Institute  
and Research Centre**

Affiliated to All India Institute of Medical Sciences  
Recognized under Section 30 of the Indian Medicine Act, 1916

Accredited by:



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ISO No. : F/MISC/09-04-01

**CASH MEMO (Original Copy)**

Receipt No : R/19-20/191840      Date : 11-09-2019      Patient : BABYAMBA .  
CR No : 205927      Age/Sex : 7 Years/Female  
Category : PRIVATE      Ref By :  
Location : RGCI  
State Code : 7

Sl.No	Particulars	Unit	Amount(Rs)
1	HEAD / BRAIN PLAIN -C/364/365 (MR) [Dr. A K Chaturvedi / S.A. Rao .] DIRRGCI3701690	1	7500.00
2	IMAGING MATERIAL CONTRAST MRI (GD) PER UNIT (ADDITIONAL) [Dr. Dinesh Bhurani/Rayaz Ahmad/Narendra .]	1	3000.00
Gross Amount			10500.00
Amount Paid			10500.00

Received with thanks from / on-behalf of BABYAMBA . an amount of Ten Thousand Five Hundred Rupees only  
(By Credit Card :10500.00, Credit Card No. : XXXXXXXX4763,Date :2019-09-11,Bank :State Bank of India,Card Holder :.)

Signature

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11-09-2019 11:50 am

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9/11/2019 12:07

**RAJIV GANDHI CANCER INST**  
**RESEARCH CENTER SEC-5**  
**ROHINI, NEW DELHI-110085**  
**ROOM NO 3254**  
**23/09/19 10:10:04**  
**TOKEN No.: 205**

**ncer Institute**  
**entre**



CARD : ...  
 CARD TYPE: MASTERCARD EXP DATE: ...  
 APPR CODE: 026057 PAN : 6000026057  
 TC: 24269764590E482F  
 ACC: 48020102041010  
 Application Name: MASTERCARD

© Society  
 (H. Jodhpur A-1 110085)  
 New Delhi - 110085 | Tel: (91)-11-4702 2222 | GSTIN: 07AAMIE443312D | Email: Dr. info@rgei.org | Website: www.rgei.org

AMT ₹ 908.00  
**PIN VERIFIED OK**  
**SIGNATURE NOT REQUIRED**  
**LALIT KUMAR**  
 I AGREE TO PAY AS PER CARD ISSUER AGREEMENT

**CASH MEMO (Original Copy)**

₹885 Date : 23-09-2019 Patient : BABYAMBA  
 Age/Sex : 7 Years/Female  
 Ref By :

\*\* CUSTOMER COPY \*\*  
 Home2596 v6.9.1

**First Data**

Unit	Amount (Rs)
[Dr. Dinesh Bhurari, Dr. Rayez Ahmed - ]	908.00
Gross Amount	908.00
Amount Paid	500.00

Received with thanks from / on-behalf of BABYAMBA - an amount of Nine Hundred Rupees only  
 (By Credit Card: ₹885.00, Credit Card No.: XXXXXXXX4793, Date: 2019-09-23, Bank: ALI AL-ABAD BANK, Card Holder: )

Note: This Receipt is Valid till 29-09-2019

Note: You will receive log-in related information to see Lab and Reference Reports on your registered mobile no. 8286211461  
 To update mobile no for future correspondence kindly contact our registration desk

23-09-2019 10:29 am

Printed By: SUNITA\_2562

*[Handwritten Signature]*

Signature  
 Created By: SUNITA\_2562







ISO No. : F/MISC/09-04-01

**CASH MEMO (Original Copy)**

Receipt No : R/19-20/205593      Date : 23-09-2019      Patient : BABYAMBA  
CR No : 205927      Age/Sex : 7 Years/Female  
Category : PRIVATE      Ref By :  
Location : RGC  
State Code : 7

Sl.No	Particulars	Unit	Amount(Rs)
1	CSC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta.]	1	475.00
	<b>BIOCHEMISTRY</b>		
2	BLOOD GLUCOSE (R)[HK]-C/141 [Dr. Anurag Mehta.]	1	130.00
3	SERUM CREATININE [Dr. Anurag Mehta.]	1	230.00
4	SERUM POTASSIUM [Dr. Anurag Mehta.]	1	260.00
5	IONIZED CALCIUM [Dr. Anurag Mehta.]	1	600.00
6	SERUM MAGNESIUM [Dr. Anurag Mehta.]	1	570.00
7	SERUM DIRECT BILIRUBIN [DPD] [Dr. Anurag Mehta.]	1	165.00
8	SERUM TOTAL BILIRUBIN [DPD] [Dr. Anurag Mehta.]	1	175.00
9	SGPT [IFCC WITH PP ] AT 37 C]-C/154 [Dr. Anurag Mehta.]	1	230.00
		Gross Amount	2835.00
		Amount Paid	2835.00

Received with thanks from / on-behalf of BABYAMBA . an amount of Two Thousand Eight Hundred And Thirty-Five Rupees only  
(By Cash :2835.00)

  
Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no.8295211401  
To update mobile no for future correspondence, kindly contact our registration desk.

23-09-2019 09:15 am

Printed By : B NARULA

Created By : B NARUL

