



KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

Provisional Report

Plot No - 203, Wazirpur, C.T. Road/NH-51, Kailash, Gurgaon, U.P.-203131
 Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333
 E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

255

O-0005

UHID : 126750 No.: LAB/18K/10029 Date: 02/01/2019
 Name : Mr. L.K PANDEY Request Number : 6074832
 Sex : M Age : 62 YEARS 0 MONTHS Registered : 05/01/2019 10:44:10AM
 Referred By : HEALTH CHECKUP Sample Collected : 05/01/2019 11:20:20AM
 Collected At : Lab Reported :

Investigation	Result	Unit	Biological Ref Interval
COLOUR	: PALE YELLOW		Pale Yellow
TRANSPARENCY	: CLEAR		CLEAR
SPECIFIC GRAVITY	: 1.015		1.005-1.030
pH	: 6.0		6.0 - 8.0
Multistix/Double indicator			
GLUCOSE	: NIL		NEGATIVE
ALBUMIN	: NIL		NEGATIVE
Protein-error-of - indicators			
BILIRUBIN	: NIL		NEGATIVE
KETONES	: NEGATIVE		NEGATIVE
Multistix/Rothera test			
UROBILINOGEN	: 0.2	eu/dl	0.2-1.0
Multistix/ Ehrlich reaction/Manual			
NITRITE	: NEGATIVE		NEGATIVE
BLOOD	: NEGATIVE		NEGATIVE
LEUCOCYTE ESTERASE	: NEGATIVE		NEGATIVE
Multistix/ Catalysis by Esterase			
PUS CELLS	: 0-1	/HPF	0-2
RBCS	: NIL	/HPF	NIL
Microscopic			
EPITHELIAL CELLS	: NIL	/HPF	3 - 5
CASTS	: NIL		NIL
CRYSTALS	: NIL		NIL

BLOOD GROUP & RH FACTOR

(EDTA WHOLE BLOOD)

BLOOD GROUPING : "AB"
 RH TYPING : POSITIVE

Lab Technician



KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

Plot No - 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131
 Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333
 E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

256

O-0005

LAB REPORT

UHID : 126750 No.: LAB/18K/10029 Date: 02/01/2019
 Name : Mr. L.K PANDEY Request Number : 6074832
 Sex : M Age : 62 YEARS 0 MONTHS Registered : 05/01/2019 10:44:10AM
 Referred By : HEALTH CHECKUP Sample Collected : 05/01/2019 11:20:19AM
 Collected At : Lab Reported : 05/01/2019 11:37:56AM

Investigation	Result	Unit	Biological Ref Interval
ESR (WESTERGRENS) AUTOMATED (CITRATE/WHOLE BLOOD)			
E.S.R (Westergrens) [Automated Opto -Electronic]	:08	mm/1st hr	0 - 10
Increased in : Inflammatory condition, anemia, plasma cell dyscrasias, pregnancy, tissue injury including MI, aging, renal disease. False increase can occur: Use of certain drugs, during menstruation, hypercholesterolacemia.			
COMPLETE BLOOD COUNT-[C.B.C] (EDTA Whole Blood)			
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Photometric Measurement)	:14.4	gm%	13.0 - 17.0
TOTAL LEUCOCYTE COUNT Coulter Principle-electrical impedance	:7700	/cumm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS	:55	%	40 - 80
LYMPHOCYTES	:39	%	20 - 40
EOSINOPHILS	:03	%	01 - 06
MONOCYTES	:03	%	02 - 10
R.B.C. Count Coulter Principle-electrical impedance	:5.29	mill/cumm	4.5 - 5.5
PACKED CELL VOLUME (PCV) [Calculated]	:42.3	%	40 - 50
MCV RBC Histogram-electrical impedance	:80.0	fl	83 -101
MCH [Calculated]	:27.2	pg	27 - 32
MCHC [Calculated]	:34.0	gm%	31.5 - 34.5
RDW RBC Histogram - electrical impedance	:14.0	%	11.60 - 14.0
PLATELET COUNT Electrical impedance/Manual	:1.76	lacs/cumm	1.5 - 4.1



KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)


Plot No - 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131
Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333
E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

257

O-0005

LAB REPORT

UHID	: 126750	No.:	LAB/18K/10029	Date:	02/01/2019
Name	: Mr. L.K PANDEY	Request Number	: 6074832	Registered	: 05/01/2019 10:44:10AM
Sex : M Age :	62 YEARS 0 MONTHS	Sample Collected	: 05/01/2019 11:20:20AM	Reported	: 05/01/2019 11:37:56AM
Referred By	: HEALTH CHECKUP				
Collected At	: Lab				

Investigation	Result	Unit	Biological Ref Interval
 Dr. Ritu Vohra M.D. DR. ANSHUL S CHAUHAN Dr. Saloni Sehgal, M.D. Group Director M.D. Microbiologist Lab Medicine Pathologist Head Of Department -----End of Report-----			

NOTE : -* If the result of the test is alarming or unexpected ,the patient is advised to contact the Laboratory immediately.
* The lab report is not the diagnosis , it represents only an opinion. Kindly contact your doctor for interpretation, diagnosis and treatment. Not valid for medico legal purposes. * Report is electronically validated.

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

Ph. : 05738-25555
 9999998807
 Extn. 542, 543

(KAILASH HOSPITAL)
 203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No: CAIK18/60962
 Place of Supply U.P (09)
 Patient Name GYANTI PANDAY
 Address

Date 03-01-2019 Time: 08:17 PM
 Phone No.
 Card No.
 Indent No.: 259
 Consultant CASUALTY MEDICAL OFFICER

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
2	1*15	ULTRACET TAB	9069	N1025	08/20	22.40	0	20	6% = 1.2	6% = 1.2	

बिना बिल के दवाई वापिस नहीं होगी।
PAID
 दवाईयों केवल 1 महीने के अन्दर वापिस ली जायेगी

Dr. Ms. SAGAN GROVER
 M.B.B.S., D.H.A.

*** CAS OFFICER ***
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital, Heart Institute, Noida



Items

1

Reg. Amount

Disc.

(+/-)

-0.40

Net Amt.

22.00

Rupees Twenty Two Only.

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

GSTIN : 09AAACU7133M1ZZ
CIN : U85110DL1998PLC092382
D.L. No. : BSC/2016/20/00031
D.L. No. : BSC/2016/21/00031

ORIGINAL COPY

Invoice No. CAIK18/61226
Place of Supply U.P.(09)
Patient Name GYANTI PANDEY
Address

Date 05-01-2019 Time : 05:03 PM
Phone No. 0299003408
Card No.
Consultant Dr. RAVINDRA SINGH BHADORIA
Indent No.: 260

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
2	1x1ML	REVAC -B1 ML INJ	2012	51B18006A	05/21	142.22	0	142.11	2.5%=3.55	2.5%=3.55	
2	1x1	S2ML OMNIVAN	3100	18H09M8204	07/27	20.00	0	17.86	6%=1.07	6%=1.07	

बिना बिल के दवाई कबिल नहीं होगी
दवाई केवल 1 महीने के अन्दर वापस ली जायेगी

PAID

[Signature]
Dr. (Ms.) GAGAN GROVER
M.B.B.S., D.H.A.
*** Medical Officer ***
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida

Items

2

Amount 169.00
Disc. 0.00

(+/-) -0.22

Net Amt. 169.00

Rupees One Hundred Sixty Nine Only.

Price of medicine are inclusive of all taxes.
Goods once sold will not be taken back.
Subject to Bulandshahr jurisdiction.
E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9211267588



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr

Tel. : 05738-255555, Mob. : +91 9999998804, 0

Email: kailash.khurja@kailashhospital.com, Website: www.kailashh

05/01/2019 10:20 AM [H-0001]



6074988

GYANTI PANDEY

26
60/1

LABORATORY

UMID : 124857 DATE 05/01/2019 (10:14) BILL NO - LAB/K/18/21490

NAME : GYANTI PANDEY SEX: Female AGE: 60-3

Claim No

ADDRESS : C-69, SECTOR-23, NOIDA PHONE NO. : 9315007796

Req No. : 6074988 REFERRED BY: HC

Sr No.	Laboratory Charges	Amount
1.	COMPLETE BLOOD COUNT (C.B.C)	185.00
2.	KIDNEY FUNCTION TEST (KFT)	420.00
Bill Amount		605.00
Discount		95.00
Amount Payable		510.00

GSTIN:09AABCK8840N1ZY

SAC-999316

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash	Tendered	Returned	Amount
05/Jan/2019	EV/18KL/7576	Cash	510	0	0	510.00
Total Received :						510.00
Net Recivable :						0.00

[Signature]
Dr. MS. ANAGAN GROVER
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital & Heart Institute, Noida

Remarks: 15% Discount Against PRIVILEGE CARD

05/01/19 10:14 For Kailash Hospital

PRATAP SINGH BHATI

: -This Bill is valid for 3 days only.

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
 Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.
 CIN U74899DL1999PL054864
 Tel.: 0120-246 66 66

RETAIL INVOICE / CASH MEMO / BILL

Ph. : 05738-255555
999998807
Extn. 542, 543

GSTIN : 09AAACU7133M1ZZ
CIN : U85110DL1998PLC092382
D.L. No. : BSC/2016/20/00031
D.L. No. : BSC/2016/21/00031

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

ORIGINAL COPY MAIN STORES 201345

Date: 05-01-2019

Time: 05:28 PM

Invoice No. CAIK18/61232
Place of Supply U.P (09)
Patient Name GYANTI PANDEY
Address

Phone No. 8299003400
Card No.
Consultant

Indent No.: 262

Dr. RAVINDRA SINGH BUNAGARIA

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
14	1*10	DYTOR 100 MG TAB	9079	SB80035	12/20	401.80	0	398.75	6%=21.53	6%=21.53	
7	1*10	ZYTANIX 5MG TAB	9079	S802129	04/20	140.84	0	125.75	6%=7.55	6%=7.55	
21	1*10	MOXOVAS 0.3 TAB	9079	KMH811A	06/20	168.63	0	150.56	6%=9.03	6%=9.03	
14	1*10	CILACAR 10 TAB	9099	KC95064	08/21	118.34	0	105.66	6%=6.34	6%=6.34	
14	1*30	TABPRAZOPRESS XL 2.5 TAB	9079	BST0539	02/20	112.23	0	100.21	6%=6.01	6%=6.01	
1	1*4	UPRISE-D3 CAP 60K	5036	UP56-18051	08/20	31.03	0	27.71	6%=1.66	6%=1.66	
14	1*15	CARCA 6.25 TAB 1*15	9099	KX1089	04/21	57.87	0	51.67	6%=3.1	6%=3.1	
7	1*10	ESOFAG D CAP	9033	EFAS0053	07/21	88.90	0	79.38	6%=4.76	6%=4.76	
1	225ML	CREMAFFIN PLUS 225ML	9079	9079-010400V8	07/21	184.92	0	165.11	6%=9.91	6%=9.91	
1	3ML	OPTINEURON INJ	9052	010400V8	12/19	7.60	0	6.79	6%=0.41	6%=0.41	
1	1*1	S 5ML GIMNIVAN	9079	1802078203		14.00	0	12.5	6%=0.75	6%=0.75	

बिना विल के देवाइ बाकि नही होगी
दवाइयों केवल 1 महीने के लिए ही उपलब्ध है।

Dr. (Ms.) GAGAN GROVER
M.B.B.S., D.H.A.

*** Medical Officer ***

Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida

Items

11

Disc.

0.00

(+/-)

-0.16

Net Amt.

1326.00

Rupees One Thousand Three Hundred Twenty Six Onl

Price of medicine are inclusive of all taxes.
Goods once sold will not be taken back.
Subject to Bulandshahr jurisdiction.
E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

OTUL: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

RETAIL INVOICE / CASH MEMO / BILL

Ph. : 05738-25555
999998807
Extn. 542, 543

GSTIN : 09AAACU7133M1ZZ
CIN : U85110DL1998PLC092382
D.L. No. : BSC/2016/20/00031
D.L. No. : BSC/2016/21/00031

UMA MEDICARE LTD.

(KAILASH HOSPITAL)
203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

263

ORIGINAL COPY Main Date 204565
Phone No. 01-2019
Card No.
Consultant

Time : 02:59 PM
Indent No.:

Invoice No. CAIK18/61505
Place of Supply
Patient Name U.P (09)
Address L.K PANDAY

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	30	ALFOD TAB	9099	AL100831	07/21	109.67	0	97.92	6%=5.88	6%=5.88	
1	30	ALFOD TAB	9099	AL80423	03/21	129.33	0	111.9	6%=6.71	6%=6.71	

Gagan
Dr. (Ms.) GAGAN GROVER
MB.B.S., D.H.O.
Medicine
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida
दवाइयों के खर्च को अंदर शामिल कर लिया जायेगी



Items	Amount	Disc.	Net Amt.
2	235.00	0.00	235.00

Price of medicines are inclusive of all taxes.
Goods once sold will not be taken back.
Subject to Bulandshahr jurisdiction.
E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD

DINESH

Printed by Naina Printer 9810434607, 9711267588

07/01/2019 05:51 PM [0-0033]



6075138
GYANTI PANDEY

KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

ailash.khurja@kailashhospital.com Website: www.kailashhospital.com

264

LABORATORY

UHID : 126565 DATE 07/01/2019 (16:52) BILL NO - LAB/K/18/21640
NAME : GYANTI PANDEY SEX: Female AGE: 60-1

ADDRESS : -, KHURJA, CIVIL COURT, DI PHONE NO. : 8299003408
Req No. : 6075138 REFERRED BY: Dr. RAVINDRA SINGH B

Sr No.	Laboratory Charges	Amount
1.	BLOOD GROUPING & RH TYPING	75.00
2.	CREATININE	80.00
3.	UREA (BLOOD)	65.00
Bill Amount		220.00
Discount		45.00
Amount Payable		175.00

GSTIN:09AABCK8840N1ZY

SAC-999316

RECEIPT

Receipt Dt	Receipt No.	Payment Type	Cash	Tend	Change	Returned	Amount
07/01/2019	CV/18KL/7596	Cash	175		0		175.00
Total Received :							175.00
Net Recivable :							0.00

Dr. Sagan Grover
Dr. SAGAN GROVER
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital & Heart Institute, Noida

Remarks: 20% LESS O/B M.S.SIR AS PER PERLEAFLET
07/01/19 16:52 For Kailash Hospital

VINEET K SHARMA

-This Bill is valid for 3 days only.

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel.: 05738-255555, Mob.: +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

265

Receipt NO. : CV/18KI/4155
MRD NO. : IPD/18K/4402
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 07/Jan/2019

Narration : ADV

Received with thanks Rs. : 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

BY: CASH

Cash Tender - : 2050
FOR Kailash Hospital

Refund Amount - :

MAHESH CHAND SHARMA

Note:-Refund, if any, will be made against surrender of original receipt


Dr. (Ms.) GAGAN GROVER
M.B.B.S., D.H.A.
Medical Officer
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida

07/Jan/2019

12:45:28

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

D.L. No.: S (1396)/13/RW

GST INVOICE

GST NO : 07BBZPP9716P1ZA

ANUJA MEDICOS

266

17/8, Main Market, Yusuf Sarai, Near Green Park Metro St.
New Delhi-110016, E-mail : navinkumarporwal@yahoo.co.in

CREDIT CARD
ACCEPTED

ALL DAYS
OPEN

Deals In : Medicines, Surgicals, Anti-cancer Drugs, Ayurvedic
Baby Care, Health Care Products

011-47242003, 4999180324

* In case you find any inadvertent error in the price charged.
Please bring this Retail Invoice for refund of difference.

QTY.	PARTICULARS	HSN CODE	BATCH NO.	EXP. DT.	INC. GST%	AMOUNT
1	TRANSFER 100001U INJ.VAI	30021500	10510019	11/19	12.0	800.00
TAXABLE %		TAXABLE AMOUNT	CGST%	CGST AMOUNT	SGST %	SGST AMOUNT
28%		14%		14%		
18%	0.00	9%	0.00	9%	0.00	
12%	0.00	6%	0.00	6%	0.00	
5%	714.29	2.5%	42.86	2.5%	42.86	
0%	0.00	0%	0.00	0%	0.00	
TOTAL	714.29		42.86		42.86	

Printed By : CONTINENTAL FORMS (P) LTD. Ph : 88182314, info@continentalforms.in

BILL NO. : 50204

DATE : 05/04/19

Dr. (Ms.) GAGAN GROVER
MBBS., D.H.A.
Medical Officer
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida

Ms/Mr. : GYANTI PANDAY

PRESS. BY. DR. AIMS

ADDRESS :

1. No Return, No Exchange
 2. All Disputes are subject to Delhi Jurisdiction only.
- Also Deals in Imported & Indian Drugs.

MRP Total
Discount

GRAND TOTAL

800.00

EX 01



KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

267

Plot No - 203, Wazirpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131
Mobile No: 9999998804 Tel - 05738252444, Fax - 05738-252333
E-mail: kailash.khuria@kailashhospital.com Web site: www.kailashhospital.com

No. 541

Date: 11/01/19

Received with thanks from Mr/Ms. Ayanti Pandey

a sum of Rs. 1000

on account of 355

Rs. 355

Dr. Dr. GAGAN GROVER
M.B.B.S., D.H.A.
Medical Officer
Reg. No. MCI 18857 For Kailash Hospital
Kailash Hospital & Heart Institute, Khurja

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

Ph. : 05738-255555
 999998807
 Extn. 542, 543

(KAILASH HOSPITAL)
 203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

260

Invoice No. CAIK18/62371
 Place of Supply U.P.(09)
 Patient Name GYANTI PANDEY
 Address

Date 11-01-2019
 Phone No.
 Card No.
 Consultant

Time : 05:14 PM

Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	3ML	OPTINEURON INJ	9052	A18400VP	12/19	7.50	0	6.79	6%=0.41	6%=0.41	
1	1#1	CARNISURE INJ	9099	CA990002	05/20	149.50	0	133.40	6%=8.61	6%=8.61	
1	3ML	HEXIRON INJ	5090	IISAC0318	02/20	208.63	0	186.28	6%=11.18	6%=11.18	

Dr. *[Signature]* SAGAN GROVER
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital, Heart Institute, Noida

बिना बिल के दवाइयें वापस नहीं ली जायेगी
PAID

[Signature]

Items	Amount	Disc.	(+/-)	Net Amt.
3	365.73	0.00	-0.73	365.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

11/01/2019 11:00 AM [H-0001]



6075349
GYANTI PANDEY

KAILASH HOSPITAL

Unit of Kailash Healthcare Ltd.)
pur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131
05738-255555, Mob.: +91 9999998804, 07
60/hurja@kailashhospital.com Website: www.kailashhospital.com

269

LABORATORY

UHID : 124857 DATE : 11/01/2019 (10:59) BILL NO - LAB/K/18/21851
NAME : GYANTI PANDEY SEX: Female, AGE: 60-3
ADDRESS : C-69, SECTOR-23, NOIDA Claim No
PHONE NO. : 9315007796
Req No. : 6075349 REFERRED BY: SELF

Sr No.	Laboratory Charges	Amount
1.	KIDNEY FUNCTION TEST(KFT)	420.00
	Bill Amount	420.00
	Discount	65.00
	Amount Payable	355.00

GSTIN: 09AABCK84GN1Z SAC-999316

RECEIPT

Receipt Date: 11/Jan/2019
 Receipt No: 18K/MS/6075349
 Patient Name: DR. MS. GAGAN GROVER
 Patient Address: M.B.B.S., D.H.A.
 Medical Officer: Reg. No. MCI 18854
 Hospital: Kailash Hospital & Heart Institute, Noida

Payment Type: Cash
 Amount Returned: 0
 Total Received: 355.00
 Net Receivable: 355.00

Remarks: 15% Discount Against PRIVILEGE CARD
 11/01/19 10:59 For Kailash Hospital
 :- This Bill is valid for 3 days only.
 :- Refund, if any, will be made against surrender of original receipt only.

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
 Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.
 PRATAP SINGH BHATI
 CIN U74899DL1993PLC054864
 Tel.: 0120-246 66 66



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

270

RECEIPT NO. : EV/18K1/4218 DATE : 11/Jan/2019

MRD NO. : IPD/18K/4455

Name : GYANTI PANDEY

ADDRESS : C-67, SECTOR-23, NOIDA

Narration : ADV.

Received with thanks Rs. : 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

BY : CASH

Cash Tender - : 2050

FOR Kailash Hospitals

MAHESH CHAND NADIA

Refund Amount -- :

Notes:-Refund, if any, will be made against surrender of original receipt

[Handwritten signature]

Dr. (Ms) GAGAN GROVER

M.B.B.S., D.H.A.

Medical Officer

Reg. No. MCI 18854

Kailash Hospital & Heart Institute, Noida

11/Jan/2019

13:27:21

CIN U74899DL1993PLC054864

Tel.: 0120-246 66 66

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096

Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.





KAILASH HOSPITAL & HEART INSTITUTE
 (A UNIT OF KAILASH HEALTHCARE LTD.) CIN: U74899DL1993PLC054864
 325 Beds Super Speciality (NABH & NABL ACCREDITED)
 H-33, SECTOR-27, NOIDA - 201301

Phone: 0120 - 2 44 44 44, 2 46 66 66 & 2466+EXIN. Fax: 0120 - 2 53 33 33

5

271

HILL

Specialist OPD-1

UHID: 2494657 Dated: 12/01/19 15:27 Bill No.: OPD/N/18/403314
 NAME: GYANTI PANDEY AGE: 60-3 SEX: Female
 ADDRESS: C-69, SECTOR-23 NOIDA, NOIDA Tel No.: 9315007796

CONSULTANT SPECIALIST	Room No.-12	Rate	Amount
Dr. PRADEEP BHARGAVA (SR CONSULTANT- PLASTIC SURGEON-Super Specialist)	OPD Consultation Fee	850	850.00

Net Amount: 850.00
 Discount: 130.00

GSTIN: 09AABCK8840N1ZV SAC-999312 Payable Amount: 720.00

RECEIPT

Receipt Dt Receipt NO Receipt By Cash lendeChange Return NetAmount
 12/01/19 CV/18NO/183011 By Cash 720 0 720.00
 Total Receipt : 720.00
 Net Receivable: 0.00

Dr. (Ms.) PAVAN GROVER

Remarks: 15% Discount
 12/01/19 15:27

REGD. OFFICE: Ashok Nagar, Delhi - 110096

Regd. No. MCI 18854

Kailash Hospital & Heart Institute, Noida

Kailash Hospital & Heart Institute

PAWAN KUMAR SHARMA

PARAG HEALTHCARE

Website : www.kailashhealthcare.com

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : 2/20/GBN/2008
 D. No. : 2/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL

AAROGYA MEDICOS

(A UNIT OF UMA MEDICARE LTD.)
 H-33, KAILASH HOSPITAL SECTOR 27 NOIDA 201301 (U.P.)

Ph. : 0120 - 2444381
 0120 - 2444444
 0120 - 2466666
 Extn. 542, 543
 544, 617
 194

952

Date 12-01-2019 Time: 05:51 PM

Invoice No. CAIN1B/S40407
 Place of Supply U.P (09)
 Patient Name GUART1
 Address

Phone No. (272)
 Card No.
 Consultant KH.

Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
6	1*10	CILACAR 10 TAB	9099	KC98073	08/21	50.72	0	45.29	6%=2.72	6%=2.72	
7	1*10	DYTOR 100 MG TAB	9079	S880459	04/21	200.90	0	179.38	6%=10.76	6%=10.76	
5	1*15	CARCA 6.25 TAB 1*15	9099	KX1636	06/21	20.67	0	18.46	6%=1.11	6%=1.11	
5	1*30	TABPRAZOPRESS XL 2.5 TAB	9079	EST0933	09/20	40.08	0	35.79	6%=2.15	6%=2.15	
5	1*10	ZYTANIX 5MG TAB	9079	IB01144	05/20	100.60	0	89.82	6%=5.39	6%=5.39	

Dr. (Ms) GAGAN GROVER
 *** CASH INV. B.B.S., D.H.A.
 Medical Officer
 Regd. No. 412/178854
 Kailash Hospital & Heart Institute, Noida



Items 5

Disc: 0.00

(+/-) -0.97

Net Amt. 412.00

Rupees Four Hundred Twelve Only.

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Delhi jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For AAROGYA MEDICOS

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

II JAI MATA DI II

SS HELPLINE PHARMA+

18/5, MAIN ROAD, YUSUF SARAI, NEW DELHI-110016

PH.: 011-41660895, Mob. 9811599122

Page No.: 1
D.L. No.: 20-100421, 21-422

20B-100423, 21 B-100424

GS NO: 17ACWFS8703L1Z9

CASH MEMO NO.: 35,274

DATE: 15/01/2019

Pr.By: ATIMS

273

NAME:

ADDRESS:

S.No.	Qty.	PACK	DESCRIPTION	BATCH	MRP	GST	RATE	AMOUNT
1.	1	1#1PC	TRANSFER 10000 INJ	10510018	730.00	02/20	730.00	730.00
2.	30	30	PRAZOPRESS XL 5 MG	0722	323.00	07/20	264.86	264.86
3.	10	1#10TAB	CILACAR 10MG	KC98057	84.53	07/21	70.16	70.16
4.	4	1#4TAB	UPRISE D3 60K	18051	124.13	08/20	101.79	101.79
5.	10	1#10TAB	ONDERO 5MG	4305A	468.00	04/21	383.76	383.76

TOTAL MRP 17ACWFS8703L1Z9
1,729.68

YOUR SAVING AMT:

179.09

TOTAL AMT.:

1550.57

ADD GST

NET AMT. (R/O):

1551.00

Rupees:

One Thousand Five Hundred Fifty One Only

Dr. (Ms.) GAGAN GROVER
Inclusive
M.B.B.S. D.H.A.
Medical Officer
HC 18954

MASTER

E. & O.E.

- ★ All disputes are subject to Delhi Jurisdiction.
- ★ Prices of Medicines are inclusive of all taxes.
- ★ Goods once sold will not be taken back.
- ★ Cutting strips of Tablets, will not taken back or exchanged.
- ★ Goods exchange time 3.00 pm to 5.00 pm

(Computer Generated Invoice)



KAILASH HOSPITAL

(A Unit of KAILASH HEALTHCARE LTD.)

Plot No.-203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131

Mobile No. : 9999998804, Tel. : 05738-255555

Email : kailash.khurja@kailashhospital.com Website : www.kailashhospital.com

Dr R K sharma

98100 48226

274

M-6

Specialist OPD Card



UHID:	124857	Reg. Date:	19/01/2019 15:18
Patient Name:	GYANTI PANDEY	Bill No.:	OPD/K/18/29451
AGE/SEX:	60-3 / Female	Tel No.:	9315007796
Consultant:	Dr.RAVINDRA SINGH BHADORIA (MD, DNB) NEPHROLOGIST (Regn.No.: DMS-38363)	Room No.:-	11
		Appointment No.:	6

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	3PM - 6PM	-

- ① CKD Stage II
- ② DM Type II | B/L NPOD
- ③ Hypothyroidism
- ④ Card aneurism

BP 160/60
Urea 35
P₅₀

low BU 104.5
S_{cr} 6.61
UA 5-8
S_D 128/5.0
R₂ 1.05/5.0
Hb 2.0

कृपया अपने डॉक्टर को नया डॉक्टर को दिखाने के बाद स्कैन अवश्य करवायें।

धन्यवाद, Ravindra Singh Bhadoria
Consultant Nephrologist
Reg. No. DMS-38363
KAILASH HOSPITAL, KHURJA

- ① TS Rytar 40, BD (8m 5am)
- ② TS Pregnonox 75/100 LW
- ③ TS moxal 0.3, TDS TH1
- ④ TS cil-cel 10, BD t*x1
- ⑤ TS cecliv 6.25, BD t*x1
- ⑥ TS Pregnon XL 25, BD (7-9)
- ⑦ TS esofzer D (BQF t*x1)
- ⑧ Cap uprise - 60,000 mc a week
- ⑨ Dig Renstk. 10,000 mc a week
- ⑩ Dig optineurin 200 pot 10 weekly
- ⑪ Dig Nexlun 100, once a week
- ⑫ Maintain H₂ - 200 weekly
- ⑬ esp coamoffin plus 4 Hef H
or TS coamoffin



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



274

13

E-3

Specialist OPD Card



UHID:	2494657	Reg. Date:	01/11/2018 9:06
Patient Name:	GYANTI PANDEY	Bill No.:	OPD/N/18/308553
AGE/SEX:	60-1 / Female	Tel No.:	9315007796
Consultant:	Dr.S.K. BEHURA (MD, DM) NEPHROLOGIST	Room No.:-	
		Appointment No.:	3

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	-	-	-	-	-	9am-11am	-
	Evening	6pm-8pm	6pm-8pm	6pm-8pm	6pm-8pm	-	-	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	5pm-6pm	5pm-6pm	5pm-6pm	5pm-6pm	-	-	-

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

Diag: Type 2 DM, DN, Hypothyroidism.
CID.

Stable.

BP - 150/90 mmHg

cur-cu

Doc:

1) Insulin wexox 5000 IU SL 2/week

2) T Nexiron-CA 1-0-0

3) Auroclor-C 400 1-1-1

4) Lobun Forte 1-0-1

5) T Noclisis SVO X 10 day

Creut-5.33

U. Acid-6.7

RAI-2024

SPS-NOM
Peak

Amlo dlv:
1CF7
CAC

Dr. S.K. BEHURA
MD, DM

Specialist Nephrology
No. DMC - 27910
Kailash Hospital & Heart Institute, Noida

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करना
Please get your prescription scanned for record

HEALTH CARE PAR EXCELLENCE



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



13

275

E-3

Specialist OPD Card



UHID: 2494657	Reg. Date: 10/12/2018 13:50
Patient Name: GYANTI PANDEY	Bill No.: OPD/N/18/360318
AGE/SEX: 60-2 / Female	Tel No.: 9315007796
Consultant: Dr.S.K. BEHURA (MD, DM) NEPHROLOGIST	Room No.:- Appointment No.: 3

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	-	-	-	-	-	9am-11am	-
	Evening	6pm-8pm	6pm-8pm	6pm-8pm	6pm-8pm	-	-	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	5pm-6pm	5pm-6pm	5pm-6pm	5pm-6pm	-	-	-

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

Diag: Type 2 DM, DN, Hypothyroidism.
CAD.

stable.

U.O - good.

BP - 160/90 mmHg

PE (+)

Hb - 9.10

Creat - Bil. urea low (+)

urea - 156.00

creat - 8.26 (5.58)

Na/K (+)

Adv:

1) HD to be started (2/week)

see 1/week.

Pre HD
A
Pain

2) Insulin

wepox 4000 IU

Acetate 400

1-2-1

3) T. Rontac OD

300 1-0-0

ET. cefam 200 1-0-1 (7)

x 15 day

3) T

ketosteril

1-1-1

HD via IT access

4) T

NOCO 500

1-1-1

AVF to be made

5) T

Lasix 40

1-1-0

All 1/week

USG KUB

USG PE

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
Please get your prescription scanned for record.

Dr. S.K. Behura
MD, DM
Consultant Nephrology
Reg. No. DMC - 27910
Kailash Hospital & Heart Institute, Noida



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



276

19.11.18

E-13

Specialist OPD Card



UHID: 2494657	Reg. Date: 15/11/2018 13:03
Patient Name: GYANTI PANDEY	Bill No.: OPD/N/18/326165
AGE/SEX: 60-1 / Female	Tel No.: 9315007796
Consultant: Dr. SANJAY MAHAJAN (DNB (Med) MNAMS)	Room No.: 33,35
SR CONSULTANT- MEDICINE AND INTENSIVIST (Regn.No.: DMC/2372)	Appointment No.: 13

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	11:30am-02:30pm	-	11:30am-02:30pm	-	11:30am-02:30pm	-	-
	Evening	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	-	-

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

HISTORY

PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

DM.
HT.
hypothyroid
Ac. on ch. KD.
Anemia

Pres; Diabetic, Renal dial, DM.
 1. Pan. Thiazide (75/100 mg) OD AMF
 2. Pan. Omeprazole (5) OD AM.
 3. Pan. Lisinopril (40) BID PM (HOLD)
 4. Pan. Metformin (0.3) LD - 1
 5. Pan. Lovastatin (10) LD - 1 X
 6. Pan. Enoxaparin XR (20) LD - 1.
 7. Cap. Bisphosphonate max 1 daily
 8. Pan. Angiotensin 1 daily
 9. Pan. Pan. 50% B DSR 100 AMF

BP - 200/100
CLINICAL EXAMINATION
 CBC - (N).
 Creat 4.56.
 UA - G.O.

NUTRITIONAL SCREENING:

Normal

Malnourished

Note : If patient is Malnourished/Obese, kindly refer to the dietician.

Dr. SANJAY MAHAJAN
 DNB (Med) MNAMS
 Sr. Consultant Physician & Intensivist
 Reg. No. DMC/2372
 Kailash Hospital & Heart Institute, Noida

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
 Please get your prescription scanned for record.



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



277

12

E-5

Specialist OPD Card



UHID:	2494657	Reg. Date:	12/01/2019 15:27
Patient Name:	GYANTI PANDEY	Bill No.:	OPD/N/18/403314
AGE/SEX:	60-3 / Female	Tel No.:	9315007796
Consultant:	Dr.PRADEEP BHARGAVA (MS, M.Ch.) SR CONSULTANT- PLASTIC SURGEON (Regn.No.: RC.91468 DT.16092010)	Room No.:-	12
		Appointment No.:	5

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	-	-	-	-	-	-	-
	Evening	-	-	5pm-7pm	-	-	5pm-7pm	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	-	-

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

CRP

for A-VF.

No good veins.

However -

CBC
3H
=

B Exercises, as
target

Agnir
on 20.1.19.

- 8pm on 20.1.19.

8am.

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
Please get your prescription scanned for record.

HEALTH CARE PAR EXCELLENCE



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 46 33 33



278

DR. Rajesh Sharma
05/11/18

11



Specialist OPD Card



UHID: 2494657	Reg. Date: 01/11/2018 9:12
Patient Name: GYANTI PANDEY	Bill No.: OPD/N/18/308559
AGE/SEX: 60-1 / Female	Tel No.: 9315007796
Consultant: Dr.SANJAY MAHAJAN (DNB (Med) MNAMS)	Room No.: 33,35
SR CONSULTANT- MEDICINE AND INTENSIVIST (Regn.No.: DMC/2372)	Appointment No.: 1

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	11:30am-02:30pm	-	11:30am-02:30pm	-	11:30am-02:30pm	-	-
	Evening	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	-	-

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

HISTORY PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

DM.
HT.
hypothyroid.
Ar. aneur. KD.
Diabetic

Law: Diabetic, Renal diet, STD

- 1. Pan. Thyrox (75/100 µg) OD
- 2. Pan. Ouduro (5mg) OD ~ for sugar
- 3. Insulin Lantus (8h) SC 10hr
- 4. Pan. Mexovas (0.3) LO - 1
- 5. Pan. Lvbwc (10) 1-2 PM.
- 6. Cap. Bis D3-max 1 daily.
- 7. Pan. Ageless 1 daily
- 8. Pan. Pantostat DSR 100

CLINICAL EXAMINATION

BP - 150/90 mmHg

wt - 53.4 kg

RBS - 202

Creat - 5.3

UA - 6.7

NUTRITIONAL SCREENING:

Normal

Obese

Malnourished

Note : If patient is Malnourished/Obese, kindly refer to the dietician.

DR. SANJAY MAHAJAN
DNB (Med.) MNAMS
Sr. Consultant Physician & Intensivist
Reg. No. DMC/2372
Kailash Hospital & Heart Institute, Noida

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
Please get your prescription scanned for record.



हरिद्वारमार्गं खलु धर्मसाधनम्

एकक/Unit _____

विभाग/Dept. _____

नाम/Name _____

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग /Out Patient Department

अस्पताल/Consultation Time: 9.00 AM-1.00 PM

L PREMISES

(279)



104150298
Dept. Regn. 2018/015/0156234

Name: GYANTI PAQNDY
W/O L.K. PANDEY, 60Y
Ph: 9315007796
C-55 SEC-23 NOIDA, UTTAR PRADESH
INDIA

DeptSeq: 219
Dept: Nephrology
Unit: Nephrology
Room: 2 Nephrology
N/A
Days: wed, sat
App. Date: 28/11/2018

OPR-6

156234/18

Regn. No. _____

Address _____



App. ID: 201811280509

(L)

CLINIC
2nd Floor, OPD
10.30 सुबह

निदान/Diagnosis

CHD SVD/T2DM/HT

दिनांक/Date

उपचार/Treatment

Ar
28/11/18

BP: 170/90mmHg

29/11/18

Mild MC (+)

Ad

- Sgac chsty
- BP chsty

- Ormel
↓
DR/HTR.

(X)

T-Zimetic OD 300mg OD 1-0-0

T- Ondavo 5mg OD 1-0-0

T- Pyrox 75mg/100mg AID

T-Minipres XL 2.5mg if BP > 140/90

2.5mg BD 1-0-1

(X) T-Moxoval 0-3mg BD 1-0-1

(X) T-Lonidap 5mg BD 1-0-1

(X) T-Fembdo x R. 50mg OD 1-0-0V

(X) T-Ferronemia 1 BD 1-0-1

(X) log Angioe 10,000 u SL 1/wk.

(ANFAC)

x 2 wks

Ar

lab - 19/12/18

P.T.O on next page (2)



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

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

17

280

शरीरमाद्यं खलु धर्मसाधनम्

एकक/Unit _____

विभाग/Dept. _____

New Patient
Dept Reg. 2019/007/0001455

General/रू 0

Surgery/Unit-IV कमरा/Room: 3-Surgery
Name: GYANTI Days: Thu, 2nd and 4th
PAQNDY Sat
W/O L. K. PANDEY 60Y 1M 12D महिला/F
Ph. 9315007796

UHD: 104150298 Date: 10/01/2019

PR-6

Address

निदान/Diagnosis

CKD 5 / T2DM / HTN

दिनांक/Date

उपचार/Treatment

10/1/19

Referral from nephrologist for AVF creation

AVF
⇒ Soft ball Exercise

⇒ Review after 10-15 days

Dr. Anil Kumar

23/1/19

Abandoned R-C AVF

Vein good calibre

Artery very narrow calibre

On arteriotomy → laceration of arterial wall → radial artery ligated at wrist.

Plan: B-C AVF after 1 week

P.T.O.

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)

20
281

CONSENT FORM

Consent is hereby given for the performance of any physical examination, diagnostic evaluation, Biopsy, Transfusion or Operation under anesthesia, local or general that may be deemed necessary in the proper medical/surgical care of me/my patient _____ while the patient is in Hospital

Signature of Patient /
Relative (only if patient is
unable to sign)



Name (Capital letters)

GYANTI PANDEY

Address

C-69 sect 23 Noida

Relationship

Husband

Relative/Witness **Signature**

Name (Capital letters)

With **Address**

Release from Responsibility for Discharge against advice

I am leaving/ taking away the patient from the Hospital against the advice of the Attending Physician. I acknowledge that I have been informed of the risk involved and hereby release the Attending Physician and the hospital from all responsibility for any ill effects which may result from such discharge.

Signature of Patient /
Relative (only if patient is
unable to sign)

Name (Capital letters)

Laxmi Kant Pandey

Address

C-69 sect 23 Noida

Relationship

Husband

Relative/Witness **Signature**



Name (Capital letters)

With **Address**



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029
FACESHEET (ADMISSION AND DISCHARGE RECORD)



19

FULL Receipt No.: ACCOUNTS-18-202369/201819 AMT. RS. 60

Short Admissions

C.R. No. NON-MLC	WARD / BED NO. General	DATE Admission Valid till 8 AM**
NAME : H-006915-19	AB7/PAR/SA 11	AGE : 22/01/2019
FATHER / HUSBAND NAME : MRS GYANTI PAQNDY	NATIONALITY :	SEX : 07:03 am
MOTHER NAME : W/O L.K. PANDEY	RELIGION : 60 Y 1 M 24 D	F
OCCUPATION :	MARITAL STATUS :	
LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :	EHS NO./CGHS NO.: Hindu	
Other	CONTACT NO.: Married	
PERMANENT ADDRESS :	AADHAR NO.:	
	STATE:	PIN: 9315007796
	STATE:	PIN:

Canceled A B. Palbhar

DEPARTMENT DETAILS	
DEPARTMENT: C-65 SEC-23 NOIDA	UNIT: UTTAR PRADESH INDIA
UNIT HEAD :	DATE OF ADMISSION :
CONSULTANT :	DATE OF DISCHARGE :
OPD/ CASUALTY NO.:	TIME :
NAME OF CAO STAFF ON DUTY: Surgery	TIME :
	SIGN. OF CAO STAFF ON DUTY :

DIAGNOSIS & OTHERS	
PROVISIONAL DIAGNOSIS :	Dr. SR Surgery
REMARKS :	22/01/2019
FINAL DIAGNOSIS :	07:03 am
SECONDARY DIAGNOSIS & COMPLICATIONS :	PREV. C. R. NO.:
CAUSE OF DEATH :	DATE :
RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED	TIME :
NAME & SIGN. OF SR. RESIDENT:	SIGN. OF CONSULTANT



Signature
 CAC/Mr. Mohd Samsuddin Mr.



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330
Office : 94530 18001 , 94152 81023 (email - slch.ghazipur@gmail.com)

DL NO. -67/20GZP/08,68/21/GZP/08
Receipt No. : SB/002302/19-20
Patient Name : GYANTI
Address :

GST -09AAJCSS319Q1ZK

Date : 28/May/2019 (282)
Regn ID :
Dr. Name :

SIN	HSN	Particulars	BatchNo	ExpDate	Qty	MRP	DiscAmt	SGST%	SGST	CGST%	CGST	Amount
1	9018	AV-BLOOD TUB-	Z4CM18	12/2021	1	250.00		6.00	15.00	6.00	15.00	250.00
2	9031	DIALYSER ELI-CSTA	1810011	09/2021	1	650.00		2.50	16.25	2.50	16.25	650.00

Total 900.00

SGST: 31.25

0.00

CGST: 31.25

Bill Prepared By : RAMLAL

CASH Grand Total 900.00



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330
Office : 94530 18001 , 94152 81023 (email - slch.ghazipur@gmail.com)

MONEY RECEIPT

(283)

Receipt No. : R/000531/19-20	Receipt Date : 24.05.2019
Patient Name : 0442 GYANTI PANDEY	Age : 60 Y Sex : FEMALE
Admission No. : A-000444/19-20	BED No. : 003 DIALYSIS
Admission Date : 24.05.2019	
ADDRESS : B 13 BANK COLONY, GHAZIPUR	
Under Doctor : RAJESH SINGH M.B.B.S M.S FAIS (SURGEON)	GURDIAN NAME : W/O LAXMI KANT PANDEY

Remarks

Received With Thanks The Amount of Rs. 1,200.00 (Rupees one thousand two hundred and zero paise only) For Patient 0442 GYANTI PANDEY

Payment Nature : Payment Vide CASH

Received By : BIRENDER

Print Date & Time : 24/05/2019 9:46:47AM

Computer generate receipt does not require signature.



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330
Office : 94530 18001 , 94152 81023 (email - slch.ghazipur@gmail.com)

Page 1 of 1

DL NO. -67/20GZP/08,68/21/GZP/08

GST -09AAJCS5319Q1ZK

284

Receipt No. : SB/002155/19-20
Patient Name : GYANTI PANDEY
Address :

Date : 24/May/2019
Regn ID :
Dr. Name :

SI N	HSN	Particulars	BatchNo	ExpDate	Qty	MRP	Disc%	DiscAmt	SGST%	SGST	CGST%	CGST	Amount
1	3004	REPOIETIN4000 PFS	3078v01	04/2020	1	650.00			6.00	39.00	6.00	39.00	650.00
2	30041010	NS-INJ 100ML	SIDX101	03/2021	1	17.84			6.00	1.07	6.00	1.07	17.84
3	3004	AVIL AMP	2118057	02/2021	1	3.10			6.00	0.19	6.00	0.19	3.10
4	3004	CORTS-S	V447548	11/2020	1	37.90			2.50	0.95	2.50	0.95	37.90

Total : 708.84

SGST: 41.21

0.00

CGST: 41.21

Bill Prepared By : RAMLAL

CASH Grand Total 708.84



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330
Office : 94530 18001 , 94152 81023 (email - slch.ghazipur@gmail.com)

Page 1 of 1

DL NO. -67/20GZP/08,68/21/GZP/08

GST -09AAJCS5319Q1ZK

285

Receipt No. : SB/002154/19-20
Patient Name : GYANTI PANDEY
Address :

Date : 24/May/2019
Regn ID :
Dr. Name :

SI N	HSN	Particulars	BatchNo	ExpDate	Qty	MRP	Disc%	DiscAmt	SGST%	SGST	CGST%	CGST	Amount
1	9018	AV-BLOOD TUB-	24CM18	12/2021	1	250.00			6.00	15.00	6.00	15.00	250.00
2	9031	DIALYSER ELI-CSTA	1810011	09/2021	1	650.00			2.50	16.25	2.50	16.25	650.00

Total : 900.00

SGST: 31.25

0.00

CGST: 31.25

Bill Prepared By : RAMLAL

CASH Grand Total 900.00



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330

Office : 94530 18001 , 94152 81023 (email - slch.ghazipur@gmail.com)

MONEY RECEIPT

(286)

Receipt No. : R/000498/19-20
 Patient Name : 0413 GYANTI PANDEY
 Admission No. : A-000415/19-20
 ADDRESS : B-13 RIVER BANK COLONY, GHAZIPUR
 Under Doctor : RAJESH SINGH M.B.B.S M.S FAIS (SURGEON)

Receipt Date : 21.05.2019
 Age : 60 Y Sex : FEMALE
 Admission Date : 21.05.2019
 GURDIAN NAME : W/O LAXMI KANT PANDEY

BED No. : 004 DIALYSIS

Remarks

Received With Thanks The Amount of Rs. 1,200.00 (Rupees one thousand two hundred and zero paise only) For Patient 0413 GYANTI PANDEY

Payment Nature : Payment Vide CASH

Received By : SAKTI

Computer generate receipt does not require signature.

Print Date & Time : 21/05/2019 5:18:28PM



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330

Office : 94530 18001 , 94152 81023 (email - slch.ghazipur@gmail.com)

Page 1 of 1

DL NO. -67/20GZP/08,68/21/GZP/08

GST -09AAJCS5319Q1ZK

(287)

Receipt No. : SB/002054/19-20
 Patient Name : GYANTI PANDEY
 Address :

Date : 21/May/2019
 Regn ID :
 Dr. Name :

Sl N	HSN	Particulars	BatchNo	ExpDate	Qty	MRP	Disc%	DiscAmt	SGST%	SGST	CGST%	CGST	Amount
1	9031	DIALYSER ELI-CSTA	1810011	09/2021	1	650.00			2.50	16.25	2.50	16.25	650.00
2	5018	AV-BLOOD TUB-	Z4CM18	12/2021	1	250.00			6.00	15.00	6.00	15.00	250.00

Total : 900.00

SGST 31.25

0.00

CGST 31.25

CASH

Grand Total

900.00

Bill Prepared By : RAMLAL



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330

Office : 94530 18001, 94152 81023 (email - slch.ghazipur@gmail.com)

(288)

MONEY RECEIPT

Receipt No : M-000918/19-20
 Case No : 1920/00937 Bed No : 004 IPD No. : A-000415/19-20
 Patient Name : 0413 GYANTI PANDEY
 Address : B-13 RIVER BANK COLONY GHAZIPUR
 Ref. By : Dr. RAJESH SINGH M.B.B.S M.S FAIS (SURGEON)

Receipt Date : 21/05/2019
 Case Date : 21/05/2019
 Age : 60 Y Sex : Female
 Phone No : 8899006408
 UID :

Sl.No.	Test Name	Delivery Date & Time	Amount(Rs.)
1	HIV 1 & 2 ANTIBODIES	22/05/2019	300.00
2	HBSAG TEST (AUSTRALIA ANTIGEN TEST)	22/05/2019	220.00
3	HCV RAPID TEST	21/05/2019	350.00
Total Test Amount :			870.00
Less Discount :			174.00
Paid Amount : Full & Final Payment. Rupees Six Hundred Ninety Six Only/-			696.00

RECEIPT BY : SAKTI
MODE OF PAYMENT Cash

5:32:17PM21/05/2019



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330

Office : 94530 18001, 94152 81023 (email - slch.ghazipur@gmail.com)

Page 1 of 1

DL NO. -67/20GZP/08,68/21/GZP/08

GST -09AAJCS5319Q1ZK

(289)

Receipt No. : SB/002451/19-20
 Patient Name : GYANTI
 Address :

4005744

Date : 31/May/2019
 Regn ID :
 Dr. Name :

SI N	HSN	Particulars	BatchNo	ExpDate	Qty	MRP	DiscAmt	SGST%	SGST	CGST%	CGST	Amount
1	9031	DIALYSER ELI-CSTA	1810011	09/2021	1	650.00		2.50	16.25	2.50	16.25	650.00
2	9018	AV-BLOOD TUB-	24CM18	12/2021	1	250.00		6.00	15.00	6.00	15.00	250.00
Total											900.00	

SGST : 31.25

CGST : 31.25

Bill Prepared By : ALOK

CASH Grand Total 900.00



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330

Office : 94530 18001, 94152 81023 (email - slch.ghazipur@gmail.com)

MONEY RECEIPT

290

Receipt No. : R/000602/19-20	Receipt Date : 31.05.2019
Patient Name : 0495 GYANTI PANDEY	Age : 60 Y Sex : FEMALE
Admission No. : A-000497/19-20	BED No. : 001 DIALYSIS
Admission Date : 31.05.2019	
ADDRESS : , GHAZIPUR	
Under Doctor : RAJESH SINGH M.B.B.S M.S FAIS (SURGEON)	GURDIAN NAME : W/O LAXMIKENT PANDEY

Remarks

Received With Thanks The Amount of Rs. 1,200.00 (Rupees one thousand two hundred and zero paise only) For Patient 0495 GYANTI PANDEY

Payment Nature : Payment Vide CASH

Received By : BIRENDER

Computer generate receipt does not require signature.

Print Date & Time : 31/05/2019 8:08:27AM



SINGH LIFE CARE HOSPITAL PVT. LTD. GHAZIPUR

Ganga Bridge Road, Rajdepur, Tiraha - Ghazipur (UP), Tel: (0548) 2231330

Office : 94530 18001, 94152 81023 (email - slch.ghazipur@gmail.com)

Page 1 of 1

DL NO -67/20GZP/08,68/21/GZP/08

GST -09AAJCS5319Q1ZK

291

Receipt No. : SB/002453/19-20
 Patient Name : GYANTI PANDEY
 Address :

Date : 31/May/2019
 Regn ID :
 Dr. Name :

SI N	HSN	Particulars	BatchNo	ExpDate	Qty	MRP	Disc%	DiscAmt	SGST%	SGST	CGST%	CGST	Amount
1	3004	REPOIETIN4000 PFS	3078v01	04/2020	1	650.00			6.00	39.00	6.00	39.00	650.00

Total : 650.00

SGST: 39.00

0.00

CGST: 39.00

CASH Grand Total 650.00

Bill Prepared By : ALOK

केन्द्रीय सरकार स्वास्थ्य योजना

Date

NATIONAL GOVERNMENT HEALTH SCHEME
NORTH AVENUE

दिनांक DATE: 30-11-2018 समय/TIME: 12:52:57PM

292

Token No. 408
 नाम/Name: YASHWANT SINGH
 संबंध/Relation: SELF
 लिंग/Gender: Male
 आयु/Type: 1
 वर्ष/Year: 8 महीने/Months
 भागनाम सं./Beneficiary Id: 10014102

Medicine/Disease:

क्र. सं./Sl. No.	दवा का नाम/Drug Name	प्रकार/Type	परायणित खुराक/Dose Advise	अवधि/Duration	मात्रा उपलब्धता/Qty. Avail
1	METOPROLOL	Tablet	---	30	1
2	AMOXICILLIN	Tablet	---	30	1
3	CHLORAMPHENICOL	Tablet	---	30	1
4	ZINC FOLIC ACID	Tablet	---	30	1
5	PARACETAMOL	Tablet	---	30	1
6	IBUPROFEN	Tablet	---	30	1

आयु/Type: 1 वर्ष/Under

(Dr) DR. DR. ASHWANI KUMAR (M.D.)


"Ek Saathik Kal Ki Shuruwat, Parivaar Niyojan Ke Saath!"
 "एक साथीक काल की शुरुआत, परिवार नियोजन के साथ"

*Please collect medicines within two weeks only.
 *For medicines, tests, dialysis and other facilities visit website for
 details. For National COVID-19 Helpline (toll free) Number: 800-208-8900



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.)

CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



293

Case Summary

Date : 29-Oct-2018

Name of Patient : GYANTI PANDEY Age : 60-0 Sex : Female
UHID : 2494657 MRD No. : IPD/18N/28630
S/o, D/o, W/o : W/O LAXMI KANT PANDEY
Address : C-69, SECTOR-23, NOIDA
Date of Admission : 24-Oct-2018 Time of Admission : 15:14:02
Doctor in Charge : Dr.SANJAY MAHAJAN

Case Summary :

Patient GYANTI PANDEY age 60-0 year Female, K/c/o- DM / HLP / CKD / Hypothyroidism Presented into the Emergency after complaints of SOB, Admitted for further management

O/E : Conscious, Oriented, Afebrile, BP - 110/70 mmHg, PR - 80/min, RR - 20/min, Pallor / Icterus / Cyanosis - Absent, Chest - Bilateral Air entry (+), CVS - S1 S2(+), PA - Soft, BS(+)

After initial evaluation as per standardised protocol treatment initiated with Inj. Augmentin, Inj. Pan, Inj. Emeset & IVF - NS and all necessary investigations were sent. Patient shifted to the ward for further management under care of Dr. Sanjay Mahajan (Physician).

In the ward, patient was reassessed and treatment continued with other supportive medications and care.

Initial blood investigations revealed raised urea/S. Creatinine (93.6/4.35), low Hb/PCV (8.8/27.5). ESR - 89 mm/1st. HbA1c - 6.3%. TSH - 5.25 uIU/mL.

Parathyroid Hormone - 300.5 pg/mL. HBsAg - Non-reactive.

Urine R/M done revealed trace glucose (100 mg/dL), Albumin +++ (300 mg/dL).

Nephrologist opinion was taken for deranged KFT. Dr. S. K. Behura reviewed the case and advised for USG WA and oral medicines.

ULTRASOUND WHOLE ABDOMEN FEMALE - Done on 25/10/18 revealed bilateral pleural effusion seen. Gall bladder shows diffuse mild wall thickening. Both kidneys show decreased in size with increased cortical echogenicity with loss of cortico-medullary differentiation - chronic kidney disease. Minimal fluid seen in right perihepatic region. Uterus is post menopausal, measures approx. 7.6 x 3.6 x 3.2 cm. Bilateral adnexa are normal.

In view of right pleural effusion, right-sided pleural tapping was done, 5 mL clear fluid was aspirated which was sent for further investigation.

Lab reports on 29/10/18 revealed raised Urea / S. Creatinine (111.2/6.12), low Hb/PCV (8.3/25.3).

At present, patient is Conscious, oriented, Afebrile, vitals stable.

DIAGNOSES :

- Diabetes Mellitus
- Hypertension
- Hypothyroidism
- Right Pleural Effusion
- Chronic Kidney Disease
- Anaemia



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



294

Discharge Summary

Discharge on Request

Name of Patient	: GYANTI PANDEY	Age	: 60-0	Sex	: Female
UHID	: 2494657	MRD No.	: IPD/18N/28630		
S/o, D/o, W/o	: W/O LAXMI KANT PANDEY				
Address	: C-69, SECTOR-23, NOIDA				
Date of Admission	: 24-Oct-2018	Time of Admission	: 15:14:02		
Date of Discharge	: 29-Oct-2018	Time of Discharge	:		
Doctor in Charge	: Dr.SANJAY MAHAJAN				

Case Summary :

Patient GYANTI PANDEY age 60-0 year Female
K/c/o- DM / HLP / CKD / Hypothyroidism
Presented into the Emergency after complaints of SOB
Admitted for further management

Initial Examination revealed:

Conscious, Oriented
Afebrile
BP - 110/70 mmHg
PR - 80/min
RR - 20/min
Pallor / Icterus / Cyanosis - Absent
Chest - Bilateral Air entry (+)
CVS - S1 S2(+)
PA - Soft, BS(+)

After initial evaluation as per standardised protocol treatment initiated with Inj. Augmentin, Inj. Pan, Inj. Emeset & IVF - NS and all necessary investigations were sent. Patient shifted to the ward for further management under care of Dr. Sanjay Mahajan (Physician).

In the ward, patient was reassessed and treatment continued with other supportive medications and care.

Initial blood investigations revealed raised urea/S. Creatinine (93.6/4.35), low Hb/PCV (8.8/27.5). ESR - 89 mm/1st. HbA1c - 6.3%. TSH - 5.25 uIU/mL.

Parathyroid Hormone - 300.5 pg/mL. HBsAg - Non-reactive.

Urine R/M done revealed trace glucose (100 mg/dL), Albumin +++ (300 mg/dL).

Nephrologist opinion was taken in view of deranged KFT. Dr. S. K. Behura reviewed the case and advised for USG WA and oral medicines.

ULTRASOUND WHOLE ABDOMEN FEMALE - Done on 25/10/18 revealed bilateral pleural effusion seen. Gall bladder shows diffuse mild wall thickening. Both kidneys show decreased in size with increased cortical echogenicity with loss of cortico-medullary differentiation - chronic kidney disease. Minimal fluid seen in right perihepatic region. Uterus is post menopausal, measures approx. 7.6 x 3.6 x 3.2 cm. Bilateral adnexa are normal.

On 25/10/18, In view of B/L pleural effusion (L>R), left-sided pleural tapping was done, 5 mL clear fluid was aspirated which was sent for further investigation.

Mantoux Test (PPD) : No induration seen at the end of 48 hours.

Microalbumin : Creatinine Ratio - 2672.0/7063.18.

Urine C/S - No growth.



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



295

11

Advice at Discharge :

DIABETIC DIET

SELF MONITORING OF BLOOD SUGAR

TAB. RANTAC 300 MG ONCE DAILY AT 8 AM (1)

TAB. ONDERO 5 MG ONCE DAILY AT 8 AM

TAB. MOXOVAS 0.3 MG BD (4)

TAB. THYROX 75 / 100 MCG ONCE DAILY BEFORE BREAKFAST AT 6 AM (ALTERNATE DAY)

TAB. BIO D3 MAX ONCE DAILY AT 8 PM (2)

TAB. FOLVITE 5 MG TWICE DAILY AT 8 AM - 8 PM (4)

TAB. NEFROSAVE ONCE DAILY AT 8 PM

TAB. NODOSIS 500 MG THRICE DAILY AT 8 AM - 2 PM - 8 PM (9)

TAB. LNBLOC 10 MG ONCE DAILY AT 8 AM

TAB. GALVUS 50 MG ONCE DAILY AT 2 PM (3)

TAB. LOBUN FORTE ONCE DAILY AT 8 AM

TAB. ACUTROL-C 400 MG THRICE DAILY AT 8 AM - 2 PM - 8 PM (6)

19 Nipox 400mg S/C - Thrice a week (M, W, F)
(ALL MEDICINES FOR 3 DAYS)

ADVICE : REPEAT RBS AFTER 3 DAYS

KFT EVERY 3 DAYS

COLLECT ANCA-C & P REPORT AND REVIEW IN OPD

NEXT FOLLOWUP :

You are advised to see Dr. S. K. Behura with ANCA-C & P report / Dr. Sanjay Mahajan (Physician) after 3 days with RBS in OPD/SOS

Kindly confirm the appointment.

IN CASE OF TEMP. > 103.0 DEG.Fh., ACUTE BREATHLESSNESS, HEADACHE, VOMITING & LOOSE MOTIONS OR HAEMOPTYSIS, PLEASE CONTACT EMERGENCY.

IN CASE OF BREATHLESSNESS / PEDAL OEDEMA / AMINO / OLIGURIA KINDLY CONTACT EMERGENCY

0120-2466553,554

0120-2444 444,2466 666

SPL. OPD 0120-2466878

CARDIAC OPD 0120-2466880

PHYSICIAN OPD 0120-2466861

GYNAE OPD 0120-2466843

For Appointment Room 0120-2466857,59,60,77,79

0120-2546000

Timing of Dr.SANJAY MAHAJAN

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
11:30am-02:30pm	-	11:30am-02:30pm	-	11:30am-02:30pm	-	-
-	5:30pm-8:30pm	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-

Premium OPD Timing

-	-	-	-	-	-	-
---	---	---	---	---	---	---

Signature (Consultants /RMO)

Dr. R. K. Mahajan

HEALTH CARE PAR EXCELLENCE



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



296

M-5

Casualty Card



UHID: 2494657	Reg. Date: 22/10/2018 1:59
Patient Name: GYANTI PANDEY	Bill No.: OPD/N/18/293498
AGE/SEX: 60-0 / Female	Tel No.: 9315007796
Consultant: Dr. PRADEEP PANDEY (CMO)	Room No.:-
EMERGENCY DOCTOR	Appointment No.: 5

OPD Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal Morning	-	-	-	-	-	-	-
Evening	7pm-9pm	7pm-9pm	7pm-9pm	7pm-9pm	7pm-9pm	7pm-9pm	-
Premium Morning	-	-	-	-	-	-	-
Evening	-	-	-	-	-	-	-

Gyanti

close Dyspnoea
of Galucha

o. Nihilize i. Duoden +

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

13.1-16.0/100

Unwilling for Trop-I.

Dr (+)

RBS-156 mg/dl

ECG - no acute ST-T

changes
S/B - Dr. Vidhi

Sh

- 1) id. METOLAR - XR (50) o.d. Am.
- 2) id. Ecosprin (75) o.d. Am.
- 3) id. Rosuvast (10) o.d. Am.
- 4) id. Ranitac (150) o.d. Am.

10 days

- 1) Trop-I -> Unwilling
 - 2) Echo / ICDT
 - CXR - PA view / Supra STP
 - Lipid Profile / HCGAic
- mit (A)

Review to physician & cardiac spt chg

Dr. Pradeep



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



ADMIT URGENTLY

297

33

E-32

24/10/18

As

Specialist OPD Card



UHID: 2494657	Reg. Date: 22/10/2018 14:03
Patient Name: GYANTI PANDEY	Bill No.: OPD/N/18/294557
AGE/SEX: 60-0 / Female	Tel No.: 9315007796
Consultant: Dr.SANJAY MAHAJAN (DNB (Med) MNAMS)	Room No.: 33,35
SR CONSULTANT- MEDICINE AND INTENSIVIST (Regn.No.: DMC/2372)	Appointment No.: 32

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	11:30am-02:30pm	-	11:30am-02:30pm	-	11:30am-02:30pm	-	-
	Evening	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-	5:30pm-8:30pm	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	-	-

HISTORY WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE
 PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

Dr.
 ✓ An Amilazide (80) +
 - mel. (100)
 ✓ HCL
 Atora (10)
 Jyot Mysore - (75/100)

low
 1. Tab. Telme - H (40) OD Am.
 2. Tab. Telme (40) OD Pan
 3. Tab. Melpome XL (15) 1-1

CLINICAL EXAMINATION

BP - 150/100
 DOE
 Bypeda ocular
 ECG - non.

Dr. SANJAY MAHAJAN
 DNB (Med) MNAMS
 Sr. Consultant Physician & Intensivist
 Reg. No. DMC/2372
 Kailash Hospital & Heart Institute, Noida

45 Days
 ↓
 wad

NUTRITIONAL SCREENING:

Normal Obese Malnourished

Note : If patient is Malnourished/Obese, kindly refer to the dietician.

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
 Please get your prescription scanned for record.



298

for Gyanti Pandey, F/60yr

24.10.18

DM.
HUP.
hypothyroid

Law
Diabetic diet, Renal diet, STD.

Bupredol overdose
CXR : (R) Pl. Effusion.
TSH - 5.25.
Wheat 93.6/4.35
Hb - 8.8/6.3/1.26
LF 7 (W).
Umic (B Alb - 3+)

1. Inj Augmentin (1.2g) IV stat (ATD)
then (0.6) IV TM

2. Inj Pan (40) IV OD

3. Inj Euseb (4mg) IV BID.

4. Pan. LNB (100/10) 10 - 1

5. Pan ~~capsules~~ Moxovas (0.3) 10 - 1

6. RBS TM

Inj HUMALOG - Mix (25) < 10
6.

If RBS \geq 200 Add Humalog
 \leq 120 less Humalog
 \leq 80 No Insuli

→ Nepren Opion

→ USC. know abv

→ USC guided Dhhi
tap of (R) Pl. Effusion
flow for Cell count
Protein (dngua
LDH / ADA.

→ ~~Redd~~ Mantoux test

7. Pan. Tymox. (75/100 mg) OD BID

8. Cap Bis D3 Anax 1 OD.

9. Inj Epotib (4000u) SC
twice a week (M/W/F)

10. Pan Folinte (5) 10 - 1

Umic for ACR.

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
Please get your prescription scanned for record.

11. Pan. Curast (10) OD PR



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phones : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn Fax : 0120 - 2 53 33 33



(299)

M-1

Casualty Card



UHID:	2494657	Reg. Date:	26/11/2018 0:49
Patient Name:	GYANTI PANDEY	Bill No.:	OPD/N/18/340133
AGE/SEX:	60-1 / Female	Tel No.:	9315007796
Consultant:	Dr.SARIKA CHANDRA (CMO) CCMO	Room No.:-	
		Appointment No.:	1

OPD	Timings	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Normal	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	-	-
Premium	Morning	-	-	-	-	-	-	-
	Evening	-	-	-	-	-	-	-

WE CARE FOR YOUR HEALTH, TIME & CONVENIENCE

PREMIUM OPD FACILITY With Prior Appointment visit www.kailashhealthcare.com or Call-0120-2444440

Gyanti Pandey

26/11/18

61yof

40 Breathing difficulty

rec on Htn ckd

PBS - 153 mmHg

Bp - 190/90 → 160/90 mmHg

TIC

Antic 90h

- Ins laser 40 mg inster

Ant Bilva (P)

- 7 Amloras sup Oht

→ Nebulizer c Diolen

Ant S2 (2)

Ant

com - mmm

Ant soft

- 7 Amloras sup when Bp > 140/90

- 2 Pantocid 40 mg on

ECG

→ Renin in nephrology / hypertension

Sant

Antuser

HEALTH CARE PAR EXCELLENCE

KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

Plot No - 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131
 Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333
 E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com



300

6

M-4

Specialist OPD Card



UHID: 126565	Reg. Date: 29/12/2018 16:15
Patient Name: GYANTI PANDEY	Bill No.: OPD/K/18/27637
AGE/SEX: 60-0 / Female	Tel No.: 8299003408
Consultant: Dr. RAVINDRA SINGH BHADORIA (MD, DNB) NEPHROLOGIST (Regn.No.: DMS-38363)	Room No.: 11
	Appointment No.: 4
8500620717	
OPD Timings	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Normal Morning	:- :- :- :- :- :- :-
Evening	:- :- :- :- :- :- :-
	3PM - 6PM

- ① CKD V - Diabetic Nephropathy
- ② DM Type II / S/LNPOD :- 10 yrs.
- ③ Hypothyroidism
- ④ @ hand oedema

40 Lower leg swelling

wt 57kg
 BP 140/84
 P- 88/-
 wt 36.3kg
 GSS PE (+)
 Lchr sent - 8.21 → 5.58
 BU - 156
 Hb - 9.10

- ① T8 dextro 20, BD < 8 AM
- ② T8 Thyrox (75/100) 10M
- ③ T8 moxos 0.3, TDS (8-2-8)
- ④ T8 a/cet 10, BD (7-7)
- ⑤ T8 Cardias 625, BD (8-8)
- ⑥ T8 Prapran XL 2.5, BD (9-9)
- ⑦ T8 Nodis DS 1gm BD T x 1
- ⑧ T8 esofap D 1BD T x x
- ⑨ T8 omden 5, m (3x per lunch)
- ⑩ 2g Transk 10,000 one a week
- ⑪ cap uprise 64,000 one a week
- ⑫ Syn carboline 2x 30 = 7

Adv
 ① KFT, HSSA
 ② early Nf surgery at the callist

15 day