

Appendix as hereby substituted
APPENDIX-"C"
(SEE PART-V, RULE 16 and 18)

To,
The Registrar General
Hon'ble High Court of Judicature at
Allahabad

No. 209/22

Dated: 31.08.22

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 24,418/-.

Sir,


I **Mitra Pal Singh** took treatment of My wife Smt. Savita Singh at
K.G.M.U., LUCKNOW for CATARACT RH from 22.03.2022 to 24.03.2022.

I am submitting the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating
doctor/Medical Superintendent of the Hospital.
2. Original Cash memo Bills/Vouchers and Prescription duly signed and
verified by treating doctor/C.M.S.
3. It is certified that above named family member is wholly dependent
upon me and generally resides with me.

Kindly do the needful for reimbursement of my claim after adjusting the
advance of Rs nil sanctioned for my treatment vide letter no.X..... dated
.....X..... ofX.....

Dated. 31.8.2022


Name of Officer - **Mitra Pal Singh**
Designation - Principal Judge
Place of Posting - Family Court, Sitapur
I.D. No. - U.P.-5775

1. Original letter of C.M.S. Sitapur (Regarding
technical examination.)
2. Essentiality Certificate "A"
3. List of Medical expenses calculation sheet
4. Original Bills & Vouchers
5. Original Slip of K.G.M.U, Lucknow

प्रेषक,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,
प्रधान न्यायाधीश,
परिवार न्यायालय, सीतापुर।

पत्रांक:—जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/603

दिनांक 17/05/2022

विषय:—मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व : डा० अरुण कुमार शर्मा ✓
पता (जिससे उपचार प्राप्त किया गया हो) : के०जी०एम०यू० लखनऊ ✓
(निजी हैं अथवा सरकारी) : सरकारी ✓
- 7-बीमारी का नाम : *Cancer*
- 8-उपचार की अवधि : दि० 22-03-2022 से 24-03-2022 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रू० 24418.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू० 24418.00 (चौबिस हजार चार सौ अठ्ठारह रुपये मात्र) ✓

प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:—यथोक्त (मूल रूप में)

Adi
मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।
जिला चिकित्सालय
सीतापुर

Certificate 'B'

(To be completed in the case of patients who are admitted in hospital treatment)

Certificate granted to the Smt. Savita Singh W/O Sri Mitra Pal Singh,
Principal Judge, Family Court, Sitapur.

Part 'A'

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

1. Dr. Arun Kumar Sharma hereby certify

(a) That the patient was admitted to hospital on my 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 condition of the patient.

2. The medicines are not stocked in the for supply
to private patients and do not include proprietary preparations for which cheaper
substances of equal therapeutic value are available not preparations which are primarily
foods, toilets.

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount
1	873895	22.03.2022	K.G.M.U. LUCKNOW	250	
2	4216	22.03.2022	GOMTI MEDICALS, LUCKNOW	5168	
3	896	23.03.2022	BAALARK MEDITRADE SERVICES PVT LIMITED	19000	
			Total	24418	

कि.प्र.०.पू० की सकल धनराशि रु. 24418/-
परीक्षाप्राप्त अर्थात् धनराशि रु. 24418/-
शुद्ध देय धनराशि रु. 24418/-
धनराशि शब्दों में रु. Twenty four thousand Eighteen only

D. S.
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय
सीतापुर

Dr. Arun Kumar Sharma
Associate Professor
Department of Ophthalmology
King George's Medical University
Medical Director-KCMIU UP Community Eye Bank

(c) That the injections administered were/were not for immunizing of prophylactic purpose.

(d) That the patient is/was suffering from Covid and is/was under my treatment from **22.03.2022 to 24.03.2022**

(e) That the X-Ray, Laboratory etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advise at

(Name of Hospital or Laboratory)

(f) That 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.

Dr. Arun Kumar Sharma
Signature and Designation of the Medical Officer in charge of the case at the hospital
Professor
Department of Ophthalmology
King George's Medical University
Medical Director-KCMU UP Community Eye Bank

Part 'B'

I certify that the patient has been under treatment at the hospital and that the services of the special nurses, for which an expenditure of Rs. was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of the Medical Officer in charge of the case at the hospital

COUNTERSIGNED

I certify that the patient has been under treatment at the Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

*Counter signed for Rs. 24,418/-
Rupees Twenty four thousand four hundred
Eighteen Only*

Say
Superintendent
Associated Hospital
Lucknow

*D.N. 9077
16/4/2022*

DETAIL OF VOUCHERS / EXAMINATION CHART

**Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh,
Principal Judge, Family Court, Sitapur**

Disease-

Name of Institution:- K.G.M.U. LUCKNOW

Period of Treatment:- 22.03.2022 to 24.03.2022

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	873895	22.03.2022	K.G.M.U. LUCKNOW	250		
2	4216	22.03.2022	GOMTI MEDICALS, LUCKNOW	5168		
3	896	23.03.2022	BAALARK MEDITRADE SERVICES PVT LIMITED	19000		
			Total	24418		

रु० २४४१८ की सकल धनराशि रु० २४४१८ -

परिक्षायाप्राप्त अर्धेय धनराशि रु० २४४१८ -

मुद्द देय धनराशि रु० २४४१८ -

धनराशि शब्दों में रु० Twenty four thousand four hundred and eighteen

Explains by

Dr. Anil Kumar Sharma
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय
सीतापुर

Dr. Anil Kumar Sharma
Associate Professor
Department of Ophthalmology
King George's Medical University
Medical Director-KGMU UP Community Eye Bank



KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW
Gandhi Memorial & Associated Hospitals

6397371268

UID: 20210155155	Fee: Rs. 0.00	TOKEN NO: 5
DATE: 12-08-2021 08:47:49 AM	Gender:	
MRS. SAVITA SINGH	Cardiac OPD/Init - (1/2,3)	
Age: 53Y 1M 4D HH MM (Female)		
W/O MITRA PAL SINGH		
HIN-41 CHHAPPUR NAKUR, UTTAR PRADESH, INDIA		
		NON MLC Revival

By: CVH Sharma

CVT 22

BP - 120/70
108

Htn
current

P - 112

Normal Renal
size

R. T. Concor 10mg 10/00 - 7 days off
 XT. Nifedipine R (20) 2TDS
 T. Natrilix SR 10/00 - 10 days
 Pantocid 10/00 - 10 days

Adv
Color Renal
Doppler

to Ho RAS

x 1 month

14/09/2021 - Was to be operated
 - Catract
 - found to be Hypertensive 12/0/12

All investigator
was

Home Monitori -
BP. Usual in
the range of
140-150/80-90

May be
taken up
for
Cataract
surgery

R
- Concor 10 1x OD
- Natrilix SR 1x B.D
- Amlogod 5 1x B.D

Blood Sugar ↑ PP
 HIV, HCV, HbsAg



↓ R

Eye chance



D Ann

9415010832



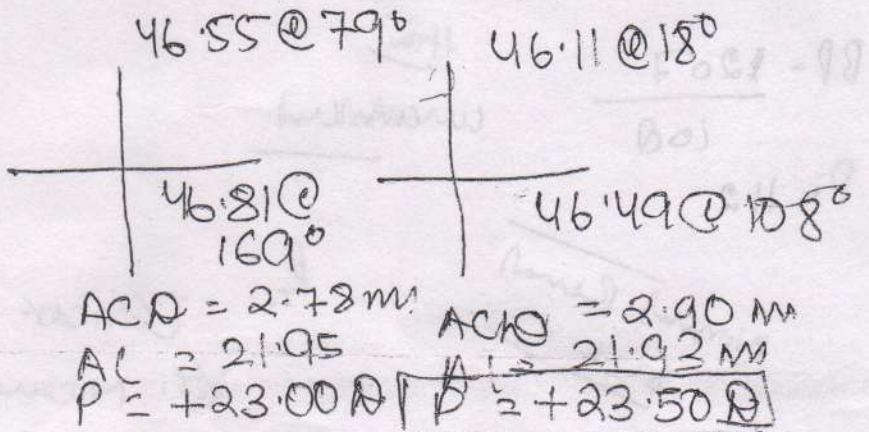
Vh < 6/36 → 6/18
 FC 4 mt ~~+~~ → NS

PR < ++
 ++

GCP < 19.4 / mung
 19.1 @ 9:30 am
 Rest WNL

AS < lens = Nu I, II, III, IV
 Rest WNL
 lens = Nu I, II, III, IV
 Rest WNL

AS < WNL
 WNL
 Central PSC 30-40%



- 100V (LE > RE) X
 3 months
 - H/O HTNX 15 yr controlled
 on oral medications

H/O T2DM X 1 yr
 on oral medications

Admit for management



Dr. A. K Sharma MD



KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW

Gandhi Memorial & Associated Hospitals

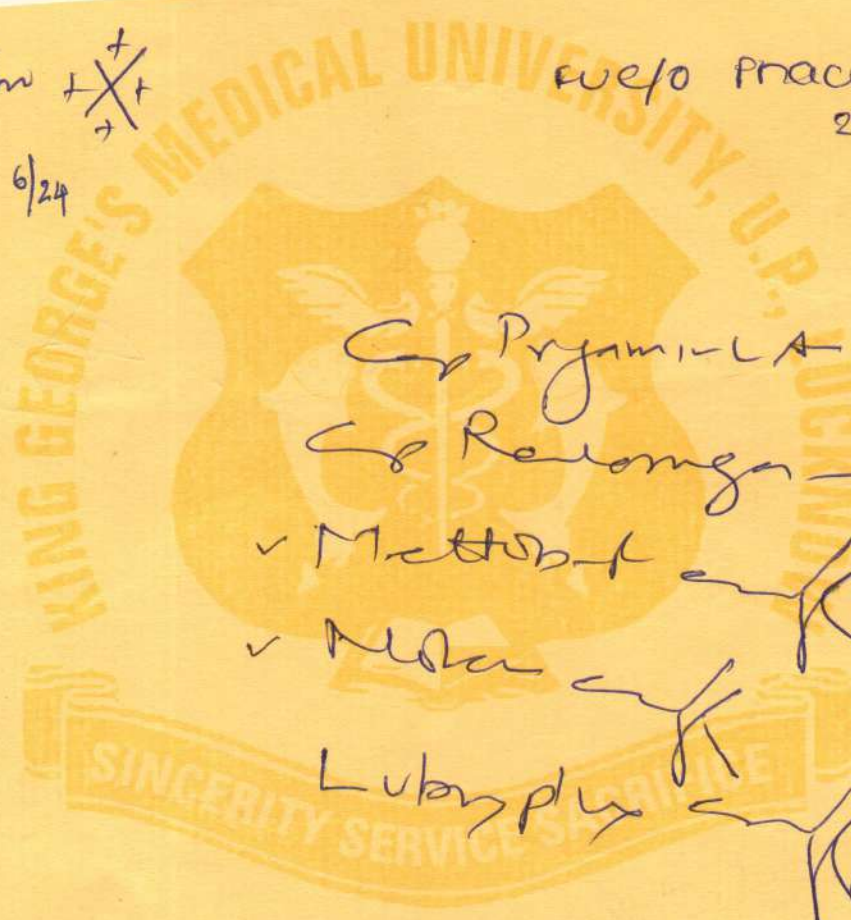


UHID: 20210155155 (S.NO. 461)
SAVITA SINGH / F / 53Y 7M 30D
Ophthalmology / UNIT 2/6.8

Vu (Lk) - $\begin{matrix} fe \\ 5m \\ + \\ + \\ + \end{matrix}$

ewepo praco (Lk)
26/2/22

Vuzpti - 6/24



Co Pyramin LA ✓
Co Rencanga ✓
✓ Mettobut ✓
✓ Nasa ✓
Lubomply ✓

22-3-22
917

A X I L

(14) vnt

vnt pnt

Di - ImSC (RE) e Pseudophakia (LE)

Plan i - Phaco e PCOL (RE) + TA
P = + 23.0 23/3/22

Admit for management.

DR. A.K. Shaenya (MS)



King George
I Shami...

CENR ID:21000880031429199



UHID : 20210155155

Inpatient Hospital Registration

Unit : Ophthalmology- Unit 1	Ward/Bed: OPHTHALMOLOGY NOB DS NEW FEMLAE WARD/21	IPD Fees : Rs. 0	MLC Patient : NON- MLC Case
Treating Doctor : Dr. Arun kumar sharma - Assoc. Professor		IP NO : 202223854	
Date Of Admission And Time: 22/03/2022 11:02:34 AM		Date Of Discharge And Time:	
Patient Name :Mrs. SAVITA SINGH		Age : 53 Years 8 Months 14 Days	
Mother's Name/Mother CR No : /		Sex : Female	
Father's Name :		Husband's Name: MITRA PAL SINGH	
Address :HN0-41 CHHAPPUR NAKUR Saharanpur, UTTAR PRADESH Telephone0		Emergency Contact Address : Mobile No :	
Mobile No : *****268			
Religion : Unknown		Caste : Unknown	
Education : UNKNOWN		Occupation : UNKNOWN	
Billing Type : General		Monthly income : 0	
Ration card : null		BPL Card No :	
Provisional Diagnosis:		Final Diagnosis :	
Prepared By : Ms.Prem Prabha NewOPD		Signature Of Treating Consultant : Dr. Arun kumar sharma - Assoc. Professor	



King Georges Medical University

1 Shamina Road, Chowk,
Chowk



20210155155



GCASH-873895/202122

IPD Bill Receipt
Original

UHID : 20210155155
 Name : MRS. SAVITA SINGH
 Address : W/O MITRA PAL SINGH HN0-41
 CHHAPPUR NAKUR
 Age & Sex : 53 Yrs 8 Mons 14 Days FEMALE
 Admission Date : 22/03/2022
 Payment Details : Payment Mode :Cash

Receipt No : GCASH-873895/202122
 Receipt Date : 22/03/2022 11:03 AM
 Billing Type : GENERAL
 IP No. : 202223854
 Ward Name : OPHTHALMOLOGY NOB DS NEW
 Contact No : 83XXXXXX68

Service Details:

Sl No.	Service Category	Service Name	Quantity	Rate	Gross	Discount	Amount
1	ADMISSION	ADMISSION	1	250	250	0	250

Amount in Words
Two Hundred Fifty Rupees And Zero Paise

Total Rs.
Amount : 250
Discount : Rs. 0
Net Amount Rs.
: 250

SINCERITY SERVICE SACRIFICE

[Authorized Signature]
Ms. Prem Prabha NewOPD

Dr. Anil Kumar Sharma
Associate Professor
Department of Ophthalmology
King George's Medical University
Medical Director-KCMU UP Community Eye Bank

CATARACT

Dark glass

Eye drape ✓

Trolley drape ✓

MVR ✓

Keratome ✓

~~5ml syringe~~

~~26G NEEDLE~~

~~2ML SYRINGE~~

~~Eye wipe~~

Eye visc PFS 3ml ✓

Balanced salt solution 500ml ✓

~~Inj pilocarpine~~

Bioblue/auroblue ✓

4 quin PFS 0.5ml ✓

E/D moxipin (1) ✓

E/D noten (1) ✓

E/D cycloten (1) ✓

~~E/D paracaine~~

E/D lubry plus (1) ✓

E/D moxiwin p (1) ✓

Tab trymox -10 ✓

tab lofen sp -10 ✓

tab rabimet LSR -5 ✓

tab jmarox 500 mg -10 ✓

tab pregawin ALA -30 ✓

cap real omega -30 ✓

tab eye C ✓

E/D flur

E/D trophy plus

Handwritten note: कम सुवद
& कर्ज से
हर 10 मिनट
90
H

GOMTI MEDICALS

SHAMINA ROAD,
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

M/s SAVITA SINGH
KGMU KGMUPh.No.:
GST :

Page No. 1

D.L. No. : 20-07/09,21-07/09

E-Mail : gomtimedicals1970@gmail.com

GSTIN : 09AAEFG7236L1Z1

GST INVOICE

Invoice No. : S0004216

Date : 22/03/2022

Sales Man :

Due Date : 22/03/2022

Sl. No.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	1:0	1*1	EYE DRAPE-D711 AP	2201ABO	12/26	3004	63.00	63.00	0.00	6.00	6.00	63.00
2.	1:0	1PICS	PLAIN TOWEL DRAPE	2109BCO	8/26	3004	47.00	47.00	0.00	6.00	6.00	47.00
3.	1:0	1*1	MVR ANGEL 20G	BLINK041		3004	225.00	225.00	0.00	6.00	6.00	225.00
4.	1:0	1*1	FINE EDGE KERATOME 2.8R			3004	180.00	180.00	0.00	6.00	6.00	180.00
5.	1:0	1*1	VISCOLON P.F SYRINGE 2ML	21M60	11/23	3004	125.00	125.00	0.00	6.00	6.00	125.00
6.	1:0	1*1	SURESOL	510110323	8/23	3004	264.00	264.00	0.00	6.00	6.00	264.00
7.	1:0	1ML	BLUE RHEXIS	21L96	10/24	3004	66.00	66.00	0.00	6.00	6.00	66.00
8.	1:0	1*1	4 QUIN PFS 0.5ML	21M22	11/23	3004	258.00	258.00	0.00	6.00	6.00	258.00
9.	1:0	10ML	MOXIMAX EYE DROP	MXM21003E	2/23	3004	135.00	135.00	0.00	6.00	6.00	135.00
10.	1:0	5ML	NOTEN E/D	021042C	5/23	3004	260.00	260.00	0.00	6.00	6.00	260.00
11.	1:0	10ML	POLY-PLUS E/D	021054C	6/23	3004	240.00	240.00	0.00	6.00	6.00	240.00
12.	1:0	5ML	MOXIWIN P EY/D	021028D	4/23	3004	180.00	180.00	0.00	6.00	6.00	180.00
13.	1:0	1*10	TRYMOX TAB	PDCAM20	9/23	3004	34.84	34.84	0.00	6.00	6.00	34.84
14.	1:0	1*10	LOFEN-SP TAB	210147A	12/22	3004	95.00	95.00	0.00	6.00	6.00	95.00
15.	0:5	1*10	RABIMET LSR	SVC-1788	9/22	3004	180.00	180.00	0.00	6.00	6.00	90.00

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 12.00	2262.84	0.00	0.00	121.23	121.23	242.46
GST 18.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2262.84	0.00	0.00	121.23	121.23	242.46

Dr. Arun Kumar Sharma
Continued. 2Department of Ophthalmology
Feroze Gandhi Medical University
Ganga Nagar, Patna-800 014
UP Community Eye Bank

Rs. Five Thousand One Hundred Sixty Eight Only

Terms & Conditions

Receiver

For GOMTI MEDICALS

GOMTI MEDICALS

SHAMINA ROAD,
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

M/s SAVITA SINGH
KGMU KGMU

Ph.No.:
GST :

Page No...2

D.L No. : 20-07/09,21-07/09

E-Mail : gomtimedicals1970@gmail.com

GSTIN : 09AAEFG7236L1Z1

GST INVOICE

Invoice No. : S0004216

Date : 22/03/2022

Sales Man :

Due Date : 22/03/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
												TOTAL B/F
16.	1:0	1*10	JAMROX-500	STB-1004	3/23	3004	780.00	780.00	0.00	6.00	6.00	780.00
17.	3:0	1*10	PREGAWIN ALA CAP	ALC-1166	8/23	3004	199.00	199.00	0.00	9.00	9.00	597.00
18.	3:0	1*10	REAL OMEGA	FBS-7690	2/23	3401	240.00	240.00	0.00	9.00	9.00	720.00
19.	1:0	1*30	EYE C PEARL 250 TAB	ALT-1125	6/23	3004	490.00	490.00	0.00	9.00	9.00	490.00
20.	1:0	5ML	FLUR EYE DROP	93860	5/23	3004	177.14	177.14	0.00	6.00	6.00	177.14
21.	1:0	5ML	TROPY PLUS E/D	TPP-292D	6/23	3004	75.00	75.00	0.00	6.00	6.00	75.00
22.	1:0	5ML	CYCLOGYL EYE(DROPS)	KOCY1008	10/23	3004	66.50	66.50	0.00	6.00	6.00	66.50

Dr. Arun Kumar Sharma
Associate Professor

** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST		
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	SUB TOTAL	4532.66
GST 12.00	3361.48	0.00	0.00	180.09	180.09	360.18	SGST PAYBLE	317.91
GST 18.00	1807.00	0.00	0.00	137.82	137.82	275.64	CGST PAYBLE	317.91
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	ADD/LESS	0.00
TOTAL	5168.48	0.00	0.00	317.91	317.91	635.82	CR/DR NOTE	0.00
							GRAND TOTAL	5168.00

Department of Ophthalmology
King George's Medical University
Medical Director, KGMU Eye Community Eye Bank

[Signature]

Rs. Five Thousand One Hundred Sixty Eight Only

Terms & Conditions

Reciver

For GOMTI MEDICALS

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

Meditrade Services Private Limited
 Floor, Vijay Nagar
 Krishna Nagar, Kanpur Road,
 Lucknow-226023
 DL NO. LKO-2017/20B/000367, LKO-2017/21B/000367
 GSTIN/UIN: 09AAGCB5991C1ZJ
 State Name : Uttar Pradesh, Code : 09
 CIN: U85191UP2016PTC076583
 Buyer (Bill to)

Savita Singh

State Name : Uttar Pradesh, Code : 09
 Place of Supply : Uttar Pradesh

Invoice No. BMS/21-22/00896	Dated 23-Mar-22
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. Verbal	Dated 23-Mar-22
Dispatch Doc No.	Delivery Note Date
Dispatched through DIRECT	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	Rayone Hydrophobic Preloaded 23.00D	9021	12 %	1 Pcs	16,964.2857	Pcs	16,964.2857
	CGST						1,017.8571
	SGST						1,017.8571
	Round Off						0.0001
	Total			1 Pcs			₹ 19,000.0000

Dr. Arun Kumar Sharma
 Associate Professor
 Department of Ophthalmology
 King George's Medical University
 Medical Director-KGMU UP Community Eye Bank

Amount Chargeable (in words)



INR Nineteen Thousand Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
9021	16,964.2857	6%	1,017.8571	6%	1,017.8571	2,035.7142
Total	16,964.2857		1,017.8571		1,017.8571	2,035.7142

Tax Amount (in words) : **INR Two Thousand Thirty Five and Seventy One paise Only**

Company's PAN : **AAGCB5991C**

Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Pre Authenticated by  for Baalark Meditrade Services Private Limited
 Authorised Signatory Name :
 Designation :
 Issuing Signatory Name :
 Designation : 

DISCHARGE SUMMARY

Rayner The Ridley Innovation Centre, 10 Dominion Way
Worthing, West Sussex, BN14 8AQ, United Kingdom

RayOne Hydrophobic Aspheric

REF RAO800C (RE)
LOT 081174827 SN 28 2025-08-17
SE: +23.00D Sph: +23.00D 23/3/2022

UHID : 20210155155
Patient Name: Mrs. SAVITA SINGH Department: Ophthalmology
Age /Sex: 53 Years 8 Months 16 Unit: Unit 1
Days 0 Hours / Female

W/O : MITRA PAL SINGH Ward: OPTHALMOLOGY
NOB DS NEW FEMLAE WARD

Billing Type : General MLC Patient: NO
IPD Admission ID 202223854 Discharge Type: Normal Discharge

Treating Doctor: Dr. Arun kumar sharma, Bed No: 21

Mobile No: *****268

Date of Admission: 22/03/2022 11:02:34 AM

Operation Date: 23/03/2022

Date of Discharge: 24/03/2022 10:26:00 PM

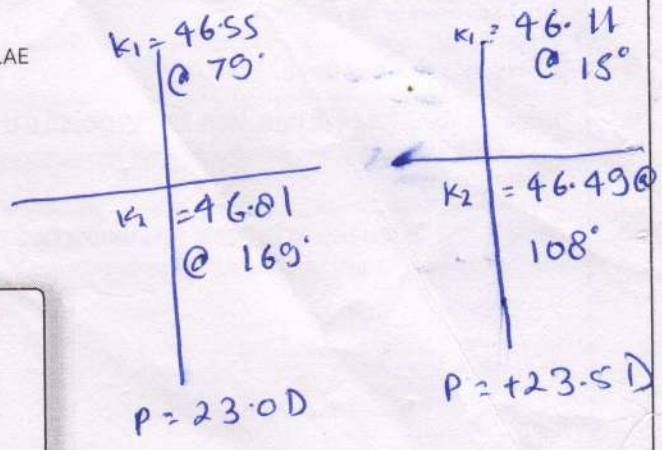
Address : HN0-41 CHHAPPUR
NAKUR, UTTAR
PRADESH, INDIA

Surgeon : Asst. Surgeon

Procedure : PHACO WITH PCIOL (RE) UNDER LA ON Operative
23/3/2022 AT 12:00 Findings :
PM

Consulting Doctor : Dr. Arun kumar sharma

Drug Allergy :-
Not Known



Diagnosis : IMSC (RE) WITH PSEUDOPHAKIA (LE)

ICD Code:

Admitted For: PHACO WITH PCIOL (RE) P=+23D UNDER LA ON 23/3/2022

Physical Findings: General Exam :- Systematic Exam :- Local Exam :- VN(RE) 6/36 WITH PINHOLE 6/18 PL+ PUPILLARY REACTION++ VN(LE) FC 1MT
PL+ PR ACCURATE PUPILLARY REACTION++ A/S LENS (RE) CORTICAL IIII NUC I PSC 20-30% (LE) PSEUDOPHAKIA F/S (RE)
MEDIA HAZE AT LENS DUE TO IMSC REST IS WNL (BE)

Condition: ALS (RE)
During: hids - WNL
Discharge: cong - WNL
Coena - Clear
AIC - framed
Iris - Dilated + mrd
Pupils -
Lens - PCIOL in bag.

Vn (RE) 6/36.

7

Brief Summary of the Case:

Category	Test Name	Observation
Note :	VM -NR RBS -WNL COVID DOUBLE DOSE VACCINATED	0

Treatment Given :

Note :	PHACO WITH PCIOL (RE) UNDER LA ON 23/3/2022
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MAINTAIN OCULAR HYGIENE
 DARK GOGGLES
 HOT FOMENTATION TDS
 E/D MOXIWIN P 2 HRLY FOR 3 DAYS THEN 6 TIMES A DAY

✓ E/D LUBRY PLUS 6 TIMES A DAY (BE)S .

✓ E/D CYCLOTEN BD

✓ E/D NOTEN BD (BE)S

Advice on Discharge:

TAB JAMROX 500 BD FOR 5 DAYS

TAB LOFEN SP BD FOR 5 DAYS

TAB RABIMET LSR OD ES FOR 5 DAYS

TAB TRYMOX TDS

✓ TAB REAL OMEGA BD FOR 15 DAYS

✓ TAB PREGAMIN ALA BD FOR 15 DAYS

TAB EYE C TDS

To come For follow up in Routine OPD on & Time

- E/D mettab-f <<< (BE)S .

In specialist Clinics on & Time

Senior Resident

Review on 29th April / OPD / 9am

Operation Date 23/03/2022

Polu 101

Review 2/3

SMC 5/5

Signature Treating Doctor

Dr. Arun kumar sharma

24/03/2022 10:26:00 PM

Date & Time