

प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० जिला न्यायाधीश,  
सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/2113

दिनांक- 1-9-22

विषय:-मा० श्री कुलदीप कुमार- II जिला न्यायाधीश सीतापुर के उपचार पर व्यय हुई धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं०-चि०प्र०/115/2022 दिनांक 23.08.2022 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 कुलदीप कुमार- II, जनपद न्यायाधीश
- 2- लाभार्थी के पिता/पति का नाम :
- 3- उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम : मा० श्री कुलदीप कुमार- II
- 4- उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : स्वयं
- 5- निवास का पता : सीतापुर।
- 6- चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) (निजी हैं अथवा सरकारी) : डा० अनुज ए  
: अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
: सरकारी
- 7- बीमारी का नाम : *Dr. Colon Polyp. Anaemia*
- 8- उपचार की अवधि : दि० 12-07-2022 से 22-07-2022
- 9- चिकित्सा पर कुल व्यय धनराशि : मु०रू० 163968.00
- 10- परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू० 163968.00 (एक लाख तिरसठ हजार नौ सौ अरसठ रूपये 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-6-2016-19 जी/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 हैं। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

*Dr. Anuj E*  
मुख्य चिकित्सा अधीक्षक  
जिला चिकित्सालय, सीतापुर।  
जिला चिकित्सालय  
सीतापुर

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

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

No. 125/2022

Dated: 02-09-2022

Subject: Reimbursement of expenditure done on medical treatment  
Amounting to Rs. 1,63,968/-

Sir,

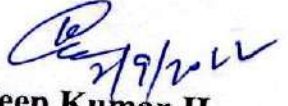
I **Kuldeep Kumar-II** took treatment at **All India Institute of Medical Science, New Delhi** for disease **T2 DM/OSA/BPPV/Descending Colon Polyp** from **12.07.2022 to 22.07.2022**.

I am submitting the claim with following documents for reimbursement:

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

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..... of .....X.....

Dated.....

  
Name of Officer - **Kuldeep Kumar-II**  
Designation - District & Session Judge  
Place of Posting - Sitapur  
I.D. No. - U.P.-1916

Encl.

1. Original recommendation letter of C.M.S. Sitapur
2. Essentiality Certificate "B"
3. List of Medical expenses calculation sheet
4. Original Discharge Summary
5. Original Bills & Vouchers (Nos.22)
6. Original Prescriptions



**APPENDIX VIII**

**Form of Certificates A/B**

**Certificate granted to the Sri Kuldeep Kumar-II, District Judge, Sitapur**

**CERTIFICATE 'B'**

**(To be completed in the case of patient who are admitted to hospital for treatment)**

(a) I Dr. Anuj ..... hereby certify:-  
 that I charged/received Rs. .... for consultation on .....  
 (dates to be given) at my consulting room at the residence for the patient.

(b) that I charged and received Rs. .... for administering .....intra-  
 muscular-injections on .....sub-coetaneous at my consulting  
 room.....at the residence of the patient.

(c) that the injections administered were for immunizing or prophylactic purposes.  
 were not

(d) that the patient has under treatment at hospital/my consulting room and 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 ..... for supply to private  
 patients ..... (name of the hospital) and do not include proprietary  
 preparations for which cheaper substances of equal therapeutic value are available nor  
 preparations which are primarily/ foods, toilets or

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount
1	12690	13.7.22	Rajdhani Pharmaceuticals, New Delhi	650
2	12750	13.7.22	Rajdhani Pharmaceuticals, New Delhi	250
3	12779	14.7.22	Rajdhani Pharmaceuticals, New Delhi	450
4	12827	14.7.22	Rajdhani Pharmaceuticals, New Delhi	5
5	12832	14.7.22	Rajdhani Pharmaceuticals, New Delhi	2160
6	12949	15.7.22	Rajdhani Pharmaceuticals, New Delhi	200
7	12950	15.7.22	Rajdhani Pharmaceuticals, New Delhi	230
8	35817	15.7.22	Mahajan Imaging, New Delhi	24000
9	12950A	15.7.22	Rajdhani Pharmaceuticals, New Delhi	80
10	13115	17.7.22	Rajdhani Pharmaceuticals, New Delhi	250
11	25451	17.7.22	Mahajan Imaging, New Delhi	14000
12	36698	18.7.22	Mahajan Imaging, New Delhi	10500
13	36828	18.7.22	Mahajan Imaging, New Delhi	26000
14	13311	19.7.22	Rajdhani Pharmaceuticals, New Delhi	2990
15	13333	19.7.22	Rajdhani Pharmaceuticals, New Delhi	2700

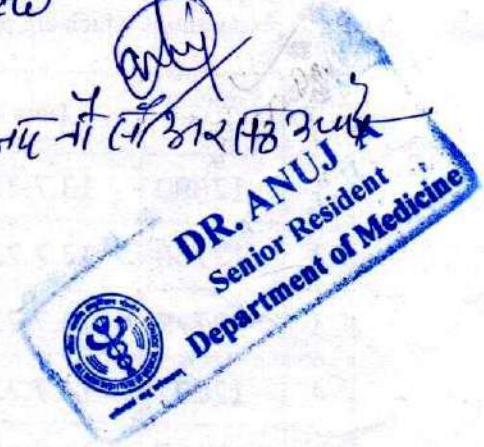


16	13370	19.7.22	Rajdhani Pharmaceuticals, New Delhi	300
17	13449	20.7.22	Rajdhani Pharmaceuticals, New Delhi	1351
18	13569	21.7.22	Rajdhani Pharmaceuticals, New Delhi	587
19	13571	21.7.22	Rajdhani Pharmaceuticals, New Delhi	35500
20	13681	22.7.22	Rajdhani Pharmaceuticals, New Delhi	188
21	13697	22.7.22	Rajdhani Pharmaceuticals, New Delhi	2277
22	67564/ 202223	22.7.22	All India Institute of Medical Sciences, New Delhi	39300
			<b>Total</b>	<b>163968</b>

निम्नलिखित की सकल धनराशि रू० 163968 20  
 पर प्राप्त अदेय धनराशि रू०  
 गृह देय धनराशि रू० 163968 20  
 धनराशि शब्दों में रू०

डॉ. अनूप कुमार सिंह  
 7/12/22  
 Delhi

मुख्य चिकित्सा अधिकारी  
 जिला चिकित्सालय  
 कानपुर


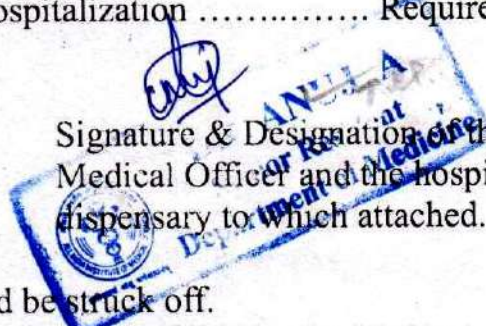




- (e) that the patient is/was suffering from T2DM/OSA/BPPV/Descending colon Polyp and is/was Polyp under my treatment from 12.07.2022 to 22.07.2022. (CGST)
- (f) that the patient is/was not given prenatal or postnatal treatment
- (g) that the X-Ray, Laboratory test, etc. for which expenditure of Rs. .... 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) ..... as required under the rules (Administrative Medical Officer of State.)
- (i) that the patient did not required hospitalization ..... Required.

Dated:.....

PT. Kuldeep Kr  
Amt - 163968/-  
UNID - 106093954

  
Signature & Designation of the Medical Officer and the hospital dispensary to which attached.  


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

### COUNTERSIGNED

  
Checked & Verified

Medical Superintendent  
..... Hospital


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

Place.....  
Date.....

3171  
11/8/22

Medical Superintendent  
..... Hospital

  
MEDICAL SUPDT.  
A.I.I.M.S., N.D.

  
मुख्य चिकित्सा अधिकारी  
ज़िला चिकित्सालय  
बीकानेर



## DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Sri Kuldeep Kumar-II, District Judge, Sitapur.

Name of Institution:- All India Institute of Medical Sciences, New Delhi.

Period of Treatment:- 12.07.2022 to 22.07.2022

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	12690	13.7.22	Rajdhani Pharmaceuticals, New Delhi	650	/	
2	12750	13.7.22	Rajdhani Pharmaceuticals, New Delhi	250	/	
3	12779	14.7.22	Rajdhani Pharmaceuticals, New Delhi	450	/	
4	12827	14.7.22	Rajdhani Pharmaceuticals, New Delhi	5	/	
5	12832	14.7.22	Rajdhani Pharmaceuticals, New Delhi	2160	/	
6	12949	15.7.22	Rajdhani Pharmaceuticals, New Delhi	200	/	
7	12950	15.7.22	Rajdhani Pharmaceuticals, New Delhi	230	/	
8	35817	15.7.22	Mahajan Imaging, New Delhi	24000	/	
9	12950A	15.7.22	Rajdhani Pharmaceuticals, New Delhi	80	/	
10	13115	17.7.22	Rajdhani Pharmaceuticals, New Delhi	250	/	
11	25451	17.7.22	Mahajan Imaging, New Delhi	14000	/	
12	36698	18.7.22	Mahajan Imaging, New Delhi	10500	/	
13	36828	18.7.22	Mahajan Imaging, New Delhi	26000	/	
14	13311	19.7.22	Rajdhani Pharmaceuticals, New Delhi	2990	/	
15	13333	19.7.22	Rajdhani Pharmaceuticals, New Delhi	2700	/	
16	13370	19.7.22	Rajdhani Pharmaceuticals, New Delhi	300	/	
17	13449	20.7.22	Rajdhani Pharmaceuticals, New Delhi	1351	/	
18	13569	21.7.22	Rajdhani Pharmaceuticals, New Delhi	587	/	
19	13571	21.7.22	Rajdhani Pharmaceuticals, New Delhi	35500	/	
20	13681	22.7.22	Rajdhani Pharmaceuticals, New Delhi	188	/	
21	13697	22.7.22	Rajdhani Pharmaceuticals, New Delhi	2277	/	
22	67564/ 202223	22.7.22	All India Institute of Medical Sciences, New Delhi	39300	/	
			<b>Total</b>	<b>163968</b>		

निष्पत्ती की सकल धनराशि रु. 16396820  
परीक्षाप्रान्त अदेय धनराशि रु.  
शुद्ध देय धनराशि रु. 16396820  
धनराशि शब्दों में रु.

मुख्य चिकित्सा अधीक्षक  
जिला चिकित्सालय





**GST INVOICE/CASH MEMO**

**ORIGINAL**

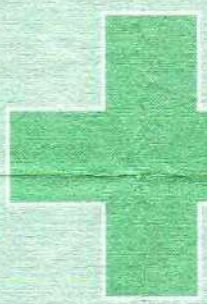
**RAJINDRA PHARMACEUTICALS**  
 Chemist & Druggist,  
 52/1-2, BAGERTHAT YASUF SARAI,  
 NEW DELHI-110016

Phone : 9717675047, 9013858977  
 D.L.No. : S(1826)14 R/W  
 GST No. : 07AAKFK3829Z4

Inv.No. : R10012690  
 Name: KALDEEP KALR  
 Add. : 502/OLD  
 DATE : 13/07/2022

Reg. : AIIMS

QTY.	PACK	PK/QUANTITY	M.R.P.	BATCH	EXP	GST %	RATE	DTS	AMOUNT
1.000	1PC	a ADD-CHEK SFTCLIX	425.00	20177582	8/24	12.0	350.00	0.00	350.00
1.000	1	a ADD-CHEK LAMET-	125.00	10820030		18.0	110.00	0.00	110.00
100.00	LIMIT	a ALCOHOL SWABS	2.00	372		12.0	1.90	0.00	190.00



HPN-2-9018 GST-9B2.1446+67-28.930891+28.930891.93.2289+97-8.799891+0.390891,  
 Rs. Six Hundred Fifty Only

All disputes subject to DELHI Jurisdiction only  
 Medicines without Batch No.& Exp.  
 will not be taken back.

Please consult Dr. Before using the medicines

E & O.E.

PLEASE PAY

for RAJINDRA PHARMACEUTICALS

**DR. ANUJ A**  
 Senior Resident  
 Department of Medicine



# GST INVOICE/CASH MEMO

ORIGINAL

**RAJINDRANI PHARMACEUTICALS**  
Chemist & Druggist.

52/1-2, BASEMENT YUSUF SARAI,  
NEW DELHI-110016

Phone : 9717675047, 9013958927

D.L.No. : S(1826)14 P/W

GST No. : 07AARFK3562R1Z4

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMOUNT
7.000	7TAR	a JANUVIA 50 MG TAB	290.00	JWB21004	1/23	12.0	35.71	0.00	250.00

Inv.No. : RT0012750      DATE : 13/07/2022  
 Name: KUNDEEP KUMAR  
 Add. : 502 OLD B/S/9096541

Dr. : AIIMS

Reg. :



MS-18-0902 GST-223.22%+6=11.399851+11.390351,

Rs. Two Hundred Fifty Only

CALL disputes subject to DELHI Jurisdiction only  
 Medicines without Batch No.& Exp.  
 will not be taken back.

Please consult Dr. Before using the medicines

E & O.E.

Our GST Billing Software Ver: 1.0.1.2022/01, 04/07/2022, 04/07/2022

**Dr. A. J. A**  
 Senior Resident  
 Director of Medicine  
 PUNJAB PHARMACEUTICALS



**GST INVOICE/CASH MEMO**

**ORIGINAL**

**RAJESH PHARMACEUTICALS**

Chemist & Druggist,

52/1-2, INDUSTRIAL AREA, NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 R/M

GST No. : 07AAPRT03569174

Inv.No. : RT0012779 DATE : 14/07/2022

Name : KILDEEP KUMAR

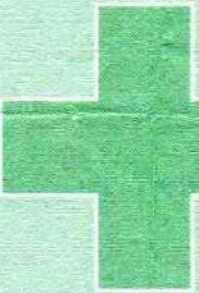
Add. : 502/DLD

Dr. : ALLIMS

Reg. :

Req. :

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP.	GST %	RATE	DIS.	AMOUNT
30,000	1K30	* AMPHYL 2MG TAB	191.98	2MG006	12/24	12.0	5.67	0.00	170.00
20,000	1K20	* GLYCIPHAGE 800MG T	33.54	21136	6/24	12.0	1.50	0.00	30.00
7,000	7TAB	* JANUVIA 50 MG TAB	290.00	7MG21004	1/23	12.0	35.71	0.00	250.00



HSN-3-0802 GST-401.784467-29.119957-29.119957,  
RS. Four Hundred Fifty Only

All disputes subject to DELHI Jurisdiction only.  
Medicines without Batch No.& Exp.  
Will not be taken back.

Please consult Dr. Before using the medicines

PLEASE PAY = **Rs. 450.00**  
Senior Resident  
RAJESH PHARMACEUTICALS



Our Bill Billing Software HAS EPO 012688201, 20220628, 20220628

**RECEIVED CASH MEMO**

REGENT PHARMACEUTICALS

Chemist & Druggist.

52/1-2, BAKHTIYAT YOUNG GARDAI,

NEW DELHI-110016

Phone : 9717675047, 9013878677

D.L.No. : S1806114 R/W

GST No. : 07MNF7635M0124

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DTS	AMOUNT
1.000	1	WHALET SYRINGS 10	14.00	G50052	10/26	12.0	5.00	0.00	5.00

Inv.No. : RT0012827      DATE : 14/07/2022

Name : KILDEEP KUMAR

Add. : 502 OLD

Dr. : AIHWG

Reg. #

4



HSN-3-2018 GST-24.4644290.2755510.275551


Rs. Five Only

All dispenses subject to Delhi Jurisdiction only  
 Medicines without Batch No.& Exp.  
 will not be taken back.

Please consult Dr. Before using the medicines

**ORIGINAL**

Our Bill Billing Software HAS EPO 012688201, 20220628, 20220628


**DR. ANUJ A**  
 Senior Resident  
 Department of Medicines

for REGENT PHARMACEUTICALS

5.00







**GST INVOICE/CASH MEMO**

**ORIGINAL**

**FORNIDA PHARMACEUTICALS**

**Chemist & Druggist,**

**52/1-2, BAGHEMAT YASUF SARAI,**

**NEW DELHI-110016**

**Phone : 9717675047, 9013858927**

**D.L.No. : S(1825)14 R/W**

**GST No. : 07AAFTK3582R1Z4**

Inv.No. : **K10012999**      DATE : **15/07/2022**  
Name: **KLDEEP KUMAR**  
Add.: **502 OLD**  
Dr. : **AIIMS**  
Reg. :

6

QTY.	PACK	PKT/10L/1RS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMOUNT		
15.000	1X15	a	510X363	20MG TAB	223.70	SIC2126A	1/24	12.0	13.33	0.00	200.00



HSN->3004    GST->1/9.59%+5%+10.719887+10.710387.

Rs. Two Hundred Only

WILL disputes subject to DELHI Jurisdiction only  
Medicines without Batch No.& Exp.  
will not be taken back.

F & M.F.

**Dr. A. U. J. A**  
**Resident**  
**Dept. of Medicine**

PLEASE PAY  
5000-00

FORNIDA PHARMACEUTICALS



**GST INVOICE/CASH MEMO**

**ORIGINAL**

**PHARMACEUTICALS**

Chemist & Druggist.

52/1-2, RAGHENT YUSUF SARAI,

NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 R/W

GST No. : 07AAHFR3589R1Z4

Inv.No. : BT0012910      DATE : 15/07/2022  
 Name: KILDEEP KUMAR  
 Add.: 502 G.D B789096541

Dr. : ALLIMS

Req.:

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMT
2.000	1KIPCS	a WHISPER PADS	45.00	44		0.0	40.00	0.00	80.00
1.000	1	b GAMMEE ROLL 15CMx2	209.00	1021129L	9/26	12.0	150.00	0.00	150.00



HSN->3002,6-3005 GST->90%/-05551,133,92%+6/-9,04551+4,040551.

Rs. Two Hundred Thirty Only

All disputes subject to DELHI Jurisdiction only

All medicines without Batch No.& Exp. will not be taken back.

Please consult Dr. Before using the medicines

E & O.E.



230-000

PHARMACEUTICALS



### GST INVOICE/CASH MEMO

RAJESH KUMAR PHARMACEUTICALS

Cheest & Drugist,

52/1-2, BAKHENT YASUF SARAI,

NEW DELHI-110016

Phone : 9717675047, 9013888927

D.L.No. : S(1826)14 F/W

GST No. : 07AARER3583D7A

QTY, PACK, PARTICULARS

2.000 1XIPDS a NUMBER PANS

M.R.P.

45.00

WATH

99

EXP

0.0

RATE

40.00

DIS. AMT

0.00 90.00

Dr. : ALIMS

Regd. ?

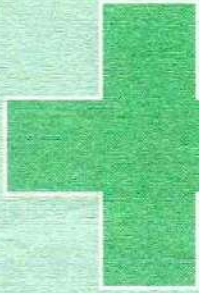
Inv.No. : RT00023950

DATE : 15/07/2022

Name: KALJEET KUMAR

Add.: 502 OLD 8780096541

(9)



QSR-2002 GST-90007-05991,

Rs. Eighty Only

All disputes subject to Delhi Jurisdiction only.  
Medicines without Batch No. & Exp.  
Original not be taken back.

ORIGINAL

**DR. ANUJ A**  
Senior Resident  
RAJESH KUMAR PHARMACEUTICALS  
80-000

for RAJESH KUMAR PHARMACEUTICALS



**GST INVOICE/CASH MEMO**

**DR. KILDEEP KUMAR PHARMACEUTICALS**

Chemist & Druggist,  
52/1-2, BASEMENT YUSUF SARAI,  
NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 R/W

GST No. : 07AARFR058R1Z4

Inv.No. : RT0013115      DATE : 17/07/2022

Name: KILDEEP KUMAR

Dr. : AITMS

Req. :

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMOUNT
20.000	1PC	A FACE MASK 2PLY(RDM)	7.00	K		5.0	5.00	0.00	100.00
30.000	1PC	A FACE MASK 2PLY(RDM)	7.00	KKK		5.0	5.00	0.00	150.00



HSN->84210 GST->23B,142,542,57=5,95895145,9508951,089+97=058951;  
Rs. Two Hundred Fifty Only

Will disputes subject to DELHI Jurisdiction only  
Medicines without Batch No.& Exp.  
will not be taken back.

**ORIGINAL** consult Dr. Before using the medicines

10



# MAHAJAN IMAGING

FROM X-RAYS TO MOLECULAR IMAGING

E-19 DEFENCE COLONY, MAIN RING ROAD, NEW DELHI PH. 01149248000

Now offering inhouse path lab services. Please call to book home collection.

CIN : U85199DL1999PTC101010

## INVOICE CUM RECEIPT

Name : **KULDEEP KUMAR**  
 Age/Sex : 59.1 YRS / Male  
 Contact No. : 9350879816  
 Referred By : Dr. SANJEEV SINHA  
 Hospital/Institution : **CASH (DC)**  
 Card No. :  
 Claim No. :

Date : 17-Jul-2022 09:32 AM  
 Receipt No. : 022200024451  
 UID. No : 1638459  
 Visit No : 022207170009

(11)

Particulars	Rate	Quantity	Amount(Rs.)
CT ENTEROGRAPHY	14000	1	14000.00
		Total	14000.00

Cash:: (7250)  
 Cash:: (6750)

Amount Paid: 14000 ✓  
 Amount Paid on 17-Jul-2022 09:34AM 7250  
 Amount Paid on 17-Jul-2022 09:49AM 6750  
**Due Amt: 0.00**

Remarks :

(Authorized Signatory)

\* Email: info@mahajanimaging.com, Website: http://www.mahajanimaging.com

\* PAN : AACCM0010D

\* GSTIN: 07AACCM0010D1ZE

\* As per GST Exemption Notification No. 12/2017; Services by way of healthcare services by a clinical establishment, an authorised medical practitioner or paramedics are exempt from GST.

\* Reports would only be issued upon presentation of this receipt/bill. Please carry it with you when you collect your reports.

Printed on 17-Jul-2022 09:50 AM

Prepared By : Shan Mohammed

Printed By : Shan Mohammed





# MAHAJAN IMAGING

FROM X-RAYS TO MOLECULAR IMAGING

E-19 DEFENCE COLONY, MAIN RING ROAD, NEW DELHI PH. 01149248000  
 Now offering inhouse path lab services. Please call to book home collection.  
 CIN : U85199DL1999PTC101010

(11)

## INVOICE CUM RECEIPT

Name : **KULDEEP KUMAR**  
 Age/Sex : 59.1 YRS / Male  
 Contact No. : 9350879816  
 Referred By : Dr. SANJEEV SINHA  
 Hospital/Institution : **CASH (DC)**  
 Card No. :  
 Claim No. :

Date : **17-Jul-2022** 09:32 AM  
 Receipt No. : **022200024451**  
 UID. No : 1638459  
 Visit No : 022207170009

Particulars	Rate	Quantity	Amount(Rs.)
Ultrasonography (USG) WHOLE ABDOMEN (KUB)	7250	1	7250.00
		Total	7250.00

Amount Paid: 7250  
 Amount Paid on 17-Jul-2022 09:34AM 7250  
**Due Amt: 0.00**

Cash:: (7250)

Remarks :

(Authorized Signatory)

\* Email: info@mahajanimaging.com, Website: http://www.mahajanimaging.com

\* PAN : AACCM0010D

\* GSTIN: 07AACCM0010D1ZE

\* As per GST Exemption Notification No. 12/2017; Services by way of healthcare services by a clinical establishment, an authorised medical practitioner or paramedics are exempt from GST.

\* Reports would only be issued upon presentation of this receipt/bill. Please carry it with you when you collect your reports.

Printed on 17-Jul-2022 09:34 AM

Prepared By : Shan Mohammed

Printed By : Shan Mohammed





# MAHAJAN IMAGING

FROM X-RAYS TO MOLECULAR IMAGING

Now offering inhouse path lab services. Please call to book home collection

CIN : U85199DL1999PTC101010

## INVOICE CUM RECEIPT

Name : KULDEEP KUMAR  
Age/Sex : 59 YRS / Male  
Contact No. : 9350879816  
Referred By : Dr. SANJEEV SINHA  
Hospital/Institution : MI-SDA  
Card No. :  
Claim No. :

Date : 18-Jul-2022 11:44 AM  
Receipt No. : 182200036698  
UID. No : 1640839  
Visit No : 182207180124

12

Particulars	Rate	Quantity	Amount(Rs.)
<b>CARDIOLOGY</b>			
ECHOCARDIOGRAPHY	4000	1	4000.00
<b>SONOGRAPHY</b>			
FIBROSIS SCAN FOR LIVER~FIBROSIS SCAN FOR LIVER	4000	1	4000.00
CODE-1591~ULTRASOUND WHOLE ABDOMEN	2500	1	2500.00
		Total	10500.00

Cash:: (10500)

Amount Paid: 10500  
Amount Paid on 18-Jul-2022 01:28PM 10500  
Due Amt: 0.00

Remarks :



\* Email: info@mahajanimaging.com, Website: http://www.mahajanimaging.com

\* PAN : AACCM0010D

\* GSTIN: 07AACCM0010D1ZE

\* As per GST Exemption Notification No. 12/2017; Services by way of healthcare services by a clinical establishment, an authorised medical practitioner or paramedics are exempt from GST.

\* Reports would only be issued upon presentation of this receipt/bill. Please carry it with you when you collect your reports.

Printed on 18-Jul-2022 01:28 PM

Prepared By : SUNNY

Printed By : SUNNY





# MAHAJAN IMAGING

## FROM X-RAYS TO MOLECULAR IMAGING

Now offering inhouse path lab services. Please call to book home collection  
CIN : U85199DL1999PTC101010

### INVOICE CUM RECEIPT

Name : **KULDEEP KUMAR**  
Age/Sex : 59 YRS / Male  
Contact No. : 9350879816  
Referred By : Dr. AIIMS  
Hospital/Institution : **MI-SDA**  
Card No. :  
Claim No. :

Date : **18-Jul-2022**  
Receipt No. : **182200036828**  
UID. No : 1640839  
Visit No : 182207180208

02:47 PM

(13)

Particulars	Rate	Quantity	Amount(Rs.)
<b>MRI</b>			8000.00
MRA BRAIN	8000	1	8000.00
MRI BRAIN	8000	1	10000.00
MRI LS SPINE WITH WHOLE SPINE SCREENING	10000	1	
		Total	26000.00

Cash:: (26000)

Amount Paid: 26000  
Amount Paid on 18-Jul-2022 06:07PM 26000  
**Due Amt: 0.00**

Remarks :



\* Email: info@mahajanimaging.com, Website: http://www.mahajanimaging.com

\* PAN : AACCM0010D

\* GSTIN: 07AACCM0010D1ZE

\* As per GST Exemption Notification No. 12/2017; Services by way of healthcare services by a clinical establishment, an authorised medical practitioner or paramedics are exempt from GST.

\* Reports would only be issued upon presentation of this receipt/bill. Please carry it with you when you collect your reports.

Printed on 18-Jul-2022 06:07 PM

Prepared By : Sweety Jaiswal

Printed By : VINOD KUMAR





22/02/2022

अ० भा० आ० वि० सं० अस्पताल

A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :- Mr Kuldeep

UHID No. ....

O.P.D./Ward 0125/502

Rx.

- Tab Medigas - (4)
- NS - 500ml - (5)
- RL - 500ml - (5)
- I/v set - (5)
- I/v cannula - 22G - (2)
- Tegaderm - (2)
- Examination gloves - (1) box  
(medium)
- Syringe 10ml - (10)
- Syringe 5ml - (10)
- Syringe 2ml - (5)
- Pitcam - SB3 - (4)  
E

*[Handwritten signature]*





अ० भा० आ० वि० सं० अस्पताल

A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

14/7/22

Name :-

UHID No. ....

O.P.D./Ward

Rx.

Mr. Kuldeep Kumar

020-5/502

T. glimepiride 2mg — 10-

T. metformin 500mg — 10-

T. sitagliptin 50mg — 10-





**GST INVOICE/CASH MEMO**

Our GST Billing Software Has Exp 01/26/2021, 2020/2021, 2019/2020

**PCO. JIDU. WAF. I.E. P. H. P. R. J. W. P. C. E. L. T. I. C. A. L. S.**

Chemist & Druggist,

52/1-2, BASEMENT YEAP SARAI,

NEW DELHI-110016

Phone : 9717675047, 9013889227

D.L.No. : S(1826)14 R/4

GST No. : 07AABET3882K12A

Inv.No. : RT0013311      DATE : 19/07/2022  
 Name: KLDDEEP KAPUR  
 Add. : 502/D/D

Dr. : AIIMS

Req. :

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMOUNT
7,000	7TAB	a JANAVIA 50 MG TAB	290.00	J0821004	1/23	12.0	37.14	0.00	260.00
7,000	7TAB	a JANAVIA 50 MG TAB	290.00	J0821003	1/23	12.0	37.14	0.00	260.00
40,000	1K20	a GLYCYPHANE 500MG T	33.53	T731066	10/23	12.0	1.50	0.00	60.00
1,000	50PC	b CEFTRIAXON SELECT ST	1195.00	4582039	7/23	12.0	1080.00	0.00	1090.0
1,000	50PC	b CEFTRIAXON SELECT ST	1195.00	4582029	10/22	12.0	1080.00	0.00	1090.0
20,000	1K10 C	c FANTOP DSR CAP	140.00	S4521038	9/23	12.0	12.50	0.00	250.00



HSN-9-0912-b-3022-c-3004 GST-2689-64K4-02-160,1690ST-160,1603ST,  
 Rs. Two Thousand Nine Hundred Ninety Only

All disputes subject to DELHI Jurisdiction only  
 Medicines without Hatch No. & Exp.  
 will not be taken back.

**ORIGINAL** consult Dr. Keefore using the medicines

**DR. ANUJ A**  
 Sonia P. : int : Medicine  
 2990-00  
 PCO. JIDU. WAF. I.E. P. H. P. R. J. W. P. C. E. L. T. I. C. A. L. S.







**GST INVOICE/CASH MEMO**

**ORIGINAL**

**PARULIM-KHILL PHARMACEUTICALS**

Chemist & Druggist,

52/1-2, EAGEMENT YASUF SARAI,

NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 R/W

GST No. : 07MAFFR3589R1Z4

CITY, PAKK PARTOLJARS

1.000 137.15 & PEGLEC SACHET

Inv.No. : R10013370      DATE : 19/07/2022  
Name: KILDEEP KHAR  
Add.: 502 G.D

Dr. : ANJNS

Reg. #

M.R.P.	TAX	EXP	GST %	RATE	DIS	AMOUNT
418.00	TF&TD	4/24	12.0	300.00	0.00	300.00



HSN->2-0892 GST->257.8646+42=16.075951+16.075951,

Rs. Three Hundred Only

ALL disputes subject to DELHI Jurisdiction only  
Medicines without Batch No.& Exp.  
will not be taken back.

Please consult Dr. Before using the medicines

E & O.E.

For GST Billing Software Mail To: 01126882001, 01126882002, 01126882003

*[Handwritten Signature]*

**Dr. ANUJ A**  
Senior Resident  
Department of Medicine

for **PARULIM-KHILL PHARMACEUTICALS**







**GST INVOICE/CASH MEMO**

REGD. MED. SUPPL. PHARMACEUTICALS

Chemist & Druggist,

52/1-2, WAREHOUSING SECTOR,

NEW DELHI-110016

Phone : 9717675047, 9013888227

D.L.No. : S(1826)14 F/M

GST No. : 07AAGFK3336RZ2A

Inv.No. : K1001369 DATE : 21/07/2022  
 Name: KALJEET KAPAR  
 Add.: 502 D.D

Dr. : ALPES

Reg. :

QTY.	PACK	DESCRIPTION	M.R.P.	RATCH	EXP	TST %	RATE	DIS	AMOUNT
15,000	1X15	a DAVID 25MG TAB	63.79	IM3068	6/23	12.0	3.60	0.00	54.00
15,000	1X15	b CLONIDIN 0.25MG T	28.15	2H44009	8/23	12.0	1.60	0.00	24.00
10,000	1X10	a TEXID HF TAB	293.00	741282	11/23	12.0	24.90	0.00	249.00
10,000	10CAP	a EVIDON 400MG CAP	36.00	10400599901	2/24	12.0	3.00	0.00	30.00
1,000	1X100M	c FULLFAST	274.00	TF-21003	4/24	12.0	230.00	0.00	230.00



HRN-2-3004, b-0802, c-0818 GST-2524, 186462-31, 45831431, 450381.  
 Rs. Five Hundred Eighty Seven Only

All disputes subject to DELHI Jurisdiction only  
 Medicines without Batch No. & Exp.  
 will not be taken back.

**ORIGINAL** consult Dr. Kaljeet using the medicines

DR. ANUJ A  
 Senior Resident  
 Department of Medicine  
 PHARMACEUTICALS







**GST INVOICE/CASH MEMO**

**ORIGINAL**

**FOR NARDHANI PHARMACEUTICALS**

Chemist & Druggist,

52/1-2, BASEMENT YUSUF SARAI,

NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 R/M

GST No. : 07AAEF8558R174

Inv.No. : RT0013681

DATE : 22/07/2022

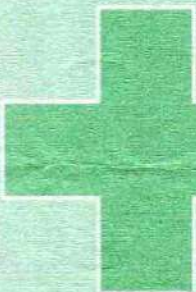
Name: KILDEEP KUMAR

Add.: 502 OLD

Dr. : AIIMS

Reg. I

20



QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP.	GST %	RATE	DIS.	AMOUNT
1.000	1KIFCS	a WHISPER PADS	42.00	44		0.0	38.00	0.00	38.00
1.000	5005	b COTTON ROLL 500G	250.00	173	1/24	12.0	150.00	0.00	150.00

HSN>4-3002,4-5601 GST>39902-05551,133,92844-8-8,0490378,040051,  
Rs. One Hundred Eighty Eight Only

All disputes subject to DELHI Jurisdiction only  
Medicines without Batch No.& Exp.  
Will not be taken back.

Please consult Dr. Before using the medicines

PLEASE PAY = 158.00

Senior Resident  
Dr. of Medicine

for NARDHANI PHARMACEUTICALS



**GST INVOICE/CASH MEMO**

**FORWARD WHITE PHARMACEUTICALS**

Chemist & Druggist.

52/1-2, RAJENDR YASUF SWAI,

NEW DELHI-110016

Phone : 9717675047, 9013889927

D.L.No. : S(1826)14 R/A

GST No. : 07AARFR3829124

Inv.No. : R30013697      DATE : 22/07/2015

Name: RAJDEEP KUMAR

Add. : 502 OLD

Dr. : ALLIMS

Reg. :

21

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP.	GST %	DATE	DIS.	AMOUNT
1,000	1x120T	a ELIKOIN-100MG TAB	160.30	AE3Y	11/22	12.0	136.00	15.00	136.00
15,000	15168	a PANTOP 40MG TAB	147.00	599220325	7/24	12.0	8.33	16.00	124.98
30,000	1x30	a 600KYL 2MG TAB	191.98	118047	10/24	12.0	5.41	15.00	161.35
60,000	1x15 T	b CAPMET-150/300 TAB	345.00	39622015	12/23	12.0	19.55	15.00	1172.0
30,000	1x15	b STOK/66 20MG TAB	227.0	5112126A	1/24	12.0	12.64	15.00	279.10
30,000	15168	c ZINDY/IT TAB	105.00	70722014	7/23	18.0	5.95	15.00	178.50
15,000	1x15 T	b VERTIN 8 MG TAB	145.92	5910143	11/23	12.0	8.22	15.00	121.25

  
**DR. ANUJ A**  
 Senior Resident  
 Department of Medicine

HEM-3-1802, D-3004, C-2014 GST-1873, 79%+6%+12, A9951H12, A3281, 191, 2389+7%+11, 619381+12, A10381.

Rs. Two Thousand Two Hundred Seventy Seven Only

PLEASE PAY = **2277.00**

Will dispense subject to DELHI Jurisdiction only  
 Medicines without Batch No. & Exp.  
 will not be taken back.

for RAJDEEP KUMAR PHARMACEUTICALS

**ORIGINAL** consult Dr. before using the medicines

E & U.T.



# MAHAJAN IMAGING

FROM X-RAYS TO MOLECULAR IMAGING

Now offering inhouse path lab services. Please call to book home collection

CIN : U85199DL1999PTC101010

## INVOICE CUM RECEIPT

Name : ████████ KULDEEP KUMAR  
Age/Sex : 59 YRS / Male  
Contact No. : 9350879816  
Referred By : Dr. AIIMS  
Hospital/Institution : MI-SDA  
Card No. :  
Claim No. :

Date : 15-Jul-2022 11:17 AM  
Receipt No. : 182200035817  
UID. No : 1638459  
Visit No : 182207150115

(8)

Particulars	Rate	Quantity	Amount(Rs.)
<b>PET CT</b>			
PET CT SCAN WHOLE BODY	24000	1	24000.00
Total			24000.00

Cheque/DD/Online-Wallet/Online-Transfer:: (10000) Amount Paid: 24000  
(PAYTM) Amount Paid on 15-Jul-2022 11:18AM 10000  
Cash:: (14000) Amount Paid on 15-Jul-2022 11:19AM 14000

Remarks :

Due Amt: 0.00

  
(Authorized Signatory)

\* Email: info@mahajanimaging.com, Website: http://www.mahajanimaging.com

\* PAN : AACCM0010D

\* GSTIN: 07AACCM0010D1ZE

\* As per GST Exemption Notification No. 12/2017; Services by way of healthcare services by a clinical establishment, an authorised medical practitioner or paramedics are exempt from GST.

\* Reports would only be issued upon presentation of this receipt/bill. Please carry it with you when you collect your reports.

Printed on 15-Jul-2022 11:19 AM

Prepared By : ANKIT

Printed By : ANKIT

  
  
ANUJ A  
Senior Resident  
Department of Radiology





## CASH RECEIPT

 Phones :26588500,  
26588700

 ALL INDIA INSTITUTE OF MEDICAL  
SCIENCES

Ansari Nagar, New Delhi 110029

(22)

Settlement Id :568781

Last Ward Name OPW V FLOOR and Bed No. :502

MR. KULDEEP KUMAR

59 Yrs 0 Mons 5 Days

Male

UHID :106093954

Admission date:

12/07/2022

Settlement

date:22/07/2022

Advance  
Paid:

Rs.53000.00

PVT WARD Rs :20000 of Receipt No :ACCOUNTS-  
18-70081/202223,Long Admission For Private B with Diet Rs :33000 of Receipt  
No :ACCOUNTS-18-67564/202223

SI.No	Service Name	Quantity	Rate	Amount
<b>Admission Charge</b>				
1	BED CHARGE PER DAY FOR PRIVATE B	1	3000.00	₹ 3000.0
2	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	₹ 15000.0
3	BED CHARGE PER DAY FOR PRIVATE B	5	3000.00	₹ 15000.0
4	DIET CHARGES FOR PVT PATIENT PER DAY	1	300.00	₹ 300.0
5	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	₹ 1500.0
6	DIET CHARGES FOR PVT PATIENT PER DAY	5	300.00	₹ 1500.0
7	EXTRA DIET FOR PVT PATIENT PER DAY	1	300.00	₹ 300.0
8	EXTRA DIET FOR PVT PATIENT PER DAY	4	300.00	₹ 1200.0
9	EXTRA DIET FOR PVT PATIENT PER DAY	5	300.00	₹ 1500.0
<b>Total amount :</b>				39300.0

SI.No	Service Name	Amount
-------	--------------	--------

 Total Rs : Rs.  
39300.0

(-) Rs. 0.0

 Donation  
Amount :

 (-) Advance Rs.  
: 53000.00

 (-) Grant Rs. 0.0  
Amount :

 Exempted Rs. 0.0  
Amount :

 Amount to Rs.13700.0  
be Refund :

Amount in Words

Rupees Thirteen Thousand Seven Hundred Only

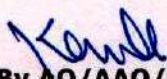
  
**DR. ANUJ A**  
 Senior Resident  
 Department of Medicine

Remarks :



Note: Rs.25/- is paid against Admission charges which is non-refundable

Prepared By  Ms.Asha DEO

  
Verified By AO/AAO/Cashier

Hosp. BILLING SEC  
A.I.I.M.S., N.D.





DEPARTMENT OF MEDICINE UNIT-III  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI-110029

\*\*\*\*\*  
DISCHARGE SUMMARY

Name: ~~XXXX~~ Mr Kuldeep  
Ward: OPW/ 502  
D.O.A: 12/7/22

Age/Sex: 59y/M  
UHID: 106093954  
D.O.D: 22/7/22

**DIAGNOSIS:**

- Anemia (SOB+ve):
  - Descending colon polyp ?leiomyoma/?GIST—(planned for definitive surgery)
- Severe obstructive sleep apnea (AHI=29.1/hr)
- Type 2 diabetes mellitus (on OHAs):
  - Diabetic nephropathy+ (G2A1)
  - No retinopathy/ neuropathy
- Hypothyroidism
- Benign paroxysmal positional vertigo (BPPV)

**HISTORY AND PHYSICAL FINDINGS AT PRESENTATION:**

The patient is a known case of T2DM and hypothyroidism for 1 year. He presented with complaints of easy fatigability for the last 1 month. He also complained of excessive snoring, sleep fragmentation and daytime sleepiness for the last 1 year. The patient got tested outside and the reports revealed progressive drop in hemoglobin (12.5 to 7.5 gm/dl over the last 4 months). The patient was admitted under medicine for further evaluation.

Examination:

GPE:

E4V5M6

Vitals: PR: 77/min

BP: 110/66mmHg

RR: 20/min

Temp.: Afebrile

spO2: 99% on ra

No pallor/ icterus/ cyanosis/ clubbing/ lymphadenopathy/ edema

No distended neck veins or neck glands

Respiratory:

bilateral normal vesicular breath sounds; no adventitious sounds

CVS:

Precordium: no additional pulsations/ bruits/ thrills

S1, S2 heard, no added murmurs

Abdomen:

Soft, non-tender, non-distended, no organomegaly, normal bowel sounds

CNS:

b/l pupils symmetrical, normally reactive to light, no other significant abnormality

**TREATMENT GIVEN AND HOSPITAL COURSE:**

The patient was evaluated for anemia. Stool occult blood was positive with raised retic count. Further evaluation was carried out in consultation with Dr Vineet Ahuja, consultant gastroenterology. Upper GI endoscopy was normal. CT enterography was suggestive of a large intraluminal mass in descending colon (?leiomyoma), so the patient underwent colonoscopy which confirmed the presence of the polypoidal mass with wide base at 30cm from the anal verge in the descending colon. Biopsy was deferred in view of bleeding risk. The patient underwent small bowel capsule endoscopy which was unremarkable. GI surgery consultation was taken from Dr NR Dash, and the patient is now planned for definitive surgery in the first week of August. The patient has been counseled about the nature of the disease and further plan.

The patient was evaluated for type 2 DM and the OHAs were optimized. The patient was previously on tab telmisartan 20 mg OD, which was with held in view of borderline low BP. He underwent 24 hr ABPM which was normal. He has been evaluated by the ENT team and has been advised further evaluation on OPD basis. There was no neurological deficit on evaluation. He was advised MRI Brain with angiography by Dr MV Padma,



Test Name	15/7/22	21/7/22
Urea	28 mg/dL	16.6 mg/dL
Creatinine	1.3 mg/dL	1.1 mg/dL
Uric Acid	6.2 mg/dL	8.8 mg/dL
Calcium	9.3 mg/dL	9.4 mg/dL
Phosphorus	4.2 mg/dL	4.0 mg/dL
Sodium	136 mmo/L	138 mmo/L
Potassium	4.0 mmo/L	4.9 mmo/L
Chloride	101 mmo/L	103 mmo/L
Bilirubin (T)	0.54 mg/dL	0.7 mg/dL
Bilirubin (D)	0.16 mg/dL	0.3 mg/dL
Bilirubin (I)	0.38 mg/dL	0.4 mg/dL
ALT	48 U/L	60 U/L
AST	62 U/L	67 U/L
ALP	52 U/L	49 U/L
Total protein	7.1 gm/dl	7.4 gm/dl
Albumin	4.1 gm/dl	4.2 gm/dl
Globulin	3.0 g/dL	3.2 g/dL

PS: predominantly normocytic normochromic with mild anisocytosis and presence of microcytic hypochromic RBCs. Retic %: 9.16 (Corr retic= 4.6%)

Urine r/m: nad  
Urine c/s: sterile

Stool Occult Blood: +ve (twice)

HbA1c (8/7): 6.9%

Viral Markers

HIV, HbsAg, Anti HCV-Negative

Test	Result
TSH	1.48
T3	100 ng/dl
T4	14.3 ug/dl
S Folate	>20
Vit B12	399 pg/ml
iPTH	26.5
Vit D	46
Iron	139
TIBC	359
Ferritin	225
Total-C	240mg/ dl
TG	107 mg/ dl
VLDL-C	21
LDL-C	52
HDL-C	41
RA-F	9.6 (<14)
CA 125	9.1 (<35)
Anti ccp	<0.5
FSH	2 mIU/ml
LH	4.2 mIU/ml
Estradiol	559 pg/ml



consultant neurology, which was unremarkable. He complained of mild low back ache, MRI LS spine was suggestive of mild spondylosis (age related) and conservative management advised. The reports of MRI Brain/ LS spine, whole body FDG PET-CT, 2D Echo, CT enterography and USG whole abdomen done outside are attached.

**ADVICE ON DISCHARGE:**

Drug	Dose	Timing	Special instructions
T. Eltroxin	100 ug	OD	Before breakfast, early in the morning
T. Pantop	40 mg	OD	Before breakfast, 45 mins after taking eltroxin; for one month
T. Glimepiride	2mg	OD	15 mins Before breakfast
T. Janumet (Metformin/ sitagliptin)	500/50mg	BD	Twice daily after breakfast and after dinner
T. Atorvas	20 mg	OD	Before sleep
T. Zincovit	1 tab	OD	-
T. Vertin	8 mg	SOS	In case of vertigo

- Maintain adequate hydration.
- CPAP: 8cm H<sub>2</sub>O by nasal mask (overnight).
- Weight reduction (maintain weight record).
- Diabetic diet as advised.
- Aerobic exercises including brisk walking for 30 min (5/7 days).
- Avoid supine posture during sleep.
- Maintain home BP and blood sugar records as advised.

Follow up with Dr NR Dash, Consultant GI Surgery for planned definitive surgery in the 1st week of August when advised.

Follow up in Medicine OPD unit 3 (wed/sat) under Prof Saanjeev Sinha (B-206) sos.

Follow up in Gastroenterology OPD under Prof Vineet Ahuja.

Follow up in Orthopedics OPD under Dr Bhavuk Garg.

Follow up in Endocrinology OPD under Prof R Goswami.

**INVESTIGATIONS :**

Test Name	13/7/22	18/7/22	21/7/22
T.L.C	4.75 10 <sup>3</sup> /μL	5.12 10 <sup>3</sup> /μL	4.97 10 <sup>3</sup> /μL
NEUTRO	58.3 %	56.4 %	66.9 %
LYMPHO	32.2 %	33.8 %	23.5 %
MONO	7.6 %	8.0 %	7.6 %
EOSINO	1.7 %	1.6 %	1.6 %
BASO	0.2 %	0.2 %	0.4 %
RBC COUNT	2.71 10 <sup>6</sup> /μL	2.70 10 <sup>6</sup> /μL	2.98 10 <sup>6</sup> /μL
HB	7.4 g/dL	7.4 g/dL	8.1 g/dL
HCT	24.1 %	23.8 %	26.7 %
PLATELET COUNT	140 10 <sup>3</sup> /μL	236 10 <sup>3</sup> /μL	249 10 <sup>3</sup> /μL
MCV	88.9 fL	88.1 fL	89.6 fL
MCHC	30.7 g/dL	31.1 g/dL	30.3 g/dL
RDW CV	17.2	18.1 %	18.1
MCH	27.3 pg	27.4 pg	27.2 pg



Serum M band electrophoresis: negative  
Urine M Band electrophoresis: negative

24 hr Ambulatory blood pressure monitoring:  
Spot BP= 116/66mm Hg; Average systolic:119mmHg; Average diastolic: 65mmHg

PSG: Severe OSA (AHI=29.1/ hr, RDI= 30.8/ hr)

UGI endoscopy: Normal study

Colonoscopy: At 30cm from anal verge (in descending colon), a large intraluminal pedunculated polypoidal lesion of size 5x3 cm noted with a wide based stalk noted. No ulcers noted on the surface visualised. Surrounding mucosa appears normal. Impression: ? leiomyoma/ ?GIST

Small bowel capsule endoscopy: whitish spots seen on duodenum; rest normal study

  
Junior Resident

  
  
**DR ANUJ A**  
Senior Resident  
Department of Medicine  
Senior Resident

4/5/16 Ref Surgeon  
Keshav, med-111  
Consultant / med-111



U110 106093954



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

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Kuldip Kumar		M	58	

निदान/Diagnosis

- Diabetes mellitus  
- fatty liver

दिनांक/Date

उपचार/Treatment

Scr 1-43

11-7-2022

- S. Iron 166  
- S. Ferric 77

Hb 12-8 → 7-9 g/dl.

Post COVID

New Anemia

↓ Appetite

No GI losses.

Tuberc ✓

S. Iron 166  
TIBC 334  
Transf 50  
Ferric 77

- ① Reticulo cyte count
- ② PS.
- ③ Serum erythropoietin

शरीरमाद्यं खलु धर्मसाधनम्



Pradhan Mantri Jan Arogya Yojana  
Ayushman Bharat  
PM-JAY  
प्रधानमंत्री जन आरोग्य योजना  
(pmjay.gov.in)

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)



मेरा अस्पताल  
My Hospital  
meraaspatal.nhp.gov.in







- PET Scan
- S. Electrophoresis
- Urine benz jans
- S. PSA
- Stool → KMT / occult blood.
- Review reports

~~with~~

21.7.22

case reviewed by

Dr. Bhanu Gang S.

Actn: Spinal flexion

Abd strengthening

Isometric neck &

152

Ortho Physio

• 7. Vasnev P ●● S05

• 7. Pan 404 BBF S05

• 7. ECM OD

• Cap. Uprise D3 60k weekly

• KMT review for postural vertigo

• R/A 6 weeks

Dr. Navin  
Dr. Navin R





शरीरसाधं खलु धर्मसाधनम्

# 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



एक कदम स्वच्छता की ओर

ई.एन.टी. ओ.पी.डी. / E.N.T. O.P.D.

बुधवार, शुक्रवार / TUES, FRI

8:30

OPR-6

ENT

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

नाम / Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता / Address
<del>1</del> Randeep Ar		M	59yr	

### निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
12.7.22	<p>Go chrysem x 1yr rotatory</p> <p>mostly white lying down last for ~ 1-2 min 5'8" after &amp; turning head to ⊙ / ⊙</p> <p>no neck pain ⊙</p> <p>no DM / HTN hypertension / any</p> <p>o/c:</p> <p>⊙ ⊙ ⊙</p> <p>no low bp</p> <p>Rind + ↑ +</p>



Pt is planned for MRI spine

CLEAN AND GREEN AIIMS / एम्स का बही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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Advice

- MRI spine

Central spine | -  
→

To plan: 2x half hr

- a low to evl<sup>m</sup>



Eyles' Mammography

(To inform us)

dry





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



शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

नाम / Name	पिता / पुत्र / पत्नी / पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता / Address
<del>Harsh</del> Kuldeep Kumar		M	59	

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
11-7-22	Please admit & Med-III in OPD (deluxe room) on priority
MS office Ph-4708	



Dr. SANJEEV SINHA  
M.B.B.S., M.D., (Medicine), MNAMS, FNASc  
Professor  
Head of Medicine (Unit III)  
Department of Medicine  
All India Institute of Medical Sciences  
New Delhi-110029

शरीरमाद्यं खलु धर्मसाधनम्



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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B209



# 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

शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक/Unit MEDICINE  
विभाग/Dept. \_\_\_\_\_

VH11 - 106093954  
ब०रो०वि० पजीकृत सं० / O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address
KUNDEEP KUMAR		M.	59y	Dr. SANJEEV SINHA M.B.B.S., M.D.(Medicine), MNAMS, FNASc Consultant Physician Professor Department of Medicine All India Institute of Medical Sciences New Delhi-110029 RN-3209, Medicine OPD

निदान/Diagnosis: S/o SRI JAIPRAKASH SHARMA Address:- B 7/7, LAL QUARTER, WED/la  
Ph: 9350879816 KRUHANA NAGAR DELHI 51.

दिनांक/Date	उपचार/Treatment
11.7.22	DM + (2015) ON. OHA H/W - Telma Hypothyroidism on Thyronorm NARCO IRB X 5M. No Portal Neurological defect. No Red flag signs No sensory/ motor symptoms Tingly + numb base of big toe lowe Jon Pan' [Bistacal] Interupted sleep +

DR. SANJEEV SINHA  
B-209.  
NEW RAK OPD.  
Wed/Sat: morning  
Monday - 2-4 PM



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P/E :- Absent

P.T I g. U L. E

PR :- 20/1 BP :- 130/90 mm Hg RR :- 16/1

DM (H120) / NAD / Hypothyroid  
Anemia ↓  
Anemia ↓  
Anemia ↓

Chest :- ASBES 6520 No resp. distress

No murmur  
No S3/S4

P/A - soft abd

CO3 : No FND.

HMF. Normal.

S/R. Dr. Prof. Sanjeev Saha et

Ad

P/E 22

Hb = 7.7 (12 w 6 m sex)

TC = 5030

DC = 22 L24

PLG = 1.34 L

Bil (1/3) = 0.93/0.44

Alb/Am = 72/99

Arg = 57

Ical = 166.9

$\frac{7.7 \text{ peal}}{4.5} = \frac{6.9}{4.7}$

TRC = 394

TR = 77.6

Urea/Cal =  $\frac{22}{1.43}$

Co/p = 9.50/3.30

Na/K = 128.0/4.93

HbA1c = 6.9 %

FRS = 130

TC = 99

U1 B12 = 289.0

TC = 92

HbC = 41.8

U1C = 38.8

U1C = 18.4

TSH = 1.78 (N)

Refer (1) Polysomnography - date -  
reports

Dr. Homayun Z. Binna, M.D. (Medicine), UNAMS, FNAS  
Consultant Physician  
Professor  
Department of Medicine  
All India Institute of Medical Sciences  
New Delhi-110029

Dr. Prof. Tulika Saha  
ENT, Spinal  
Nephro, Gynae  
Saha (Anand)

Kindly issue  
medical leave from  
Dr. Shalendra P. Lal  
Senior Resident  
Department of Medicine  
Institute of Medical Sciences  
110029