

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. 126/2022

Dated: 02-09-2022

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 10,889/-

Sir,

I **Kuldeep Kumar-II** took treatment at **All India Institute of Medical Science, New Delhi** for **Sigmoid, Lipoma & DM with mild COVID**, from **01.08.2022 to 02.08.2022**.

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..... datedX..... ofX.....

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.6)
6. Original Prescriptions

प्रेषक,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय सीतापुर।

सेवा में,

मा० कुलदीप कुमार-॥
जिला न्यायाधीश
सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/2114

दिनांक:- 1-9-22

विषय:-मा० कुलदीप कुमार-॥ जिला न्यायाधीश सीतापुर के स्वयं के उपचार पर व्यय हुयी धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,


उपर्युक्त विषयक आपके पत्र सं०-चि०/116/2022 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 कुलदीप कुमार-॥ जिला न्यायाधीश
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम : मा० कुलदीप कुमार-॥ जिला न्यायाधीश
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : स्वयं
- 5-निवास का पता : B-7/7 LAL QJARTEJA, KRUNDA NEW DELHI
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिसमें उपचार प्राप्त किया गया हो) : ALL INDIA INSTITUTE OF MEDICAL SCIENCE NEW DELHI
(निजी हैं अथवा सरकारी) : डा० आशीष कमल, वरिष्ठ रेजीडेन्ट
- 7-बीमारी का नाम : Sigmoid lipoma, DM
- 8-उपचार की अवधि : दि० 01.08.2022 से दि० 02.08.2022 तक
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रु०-10889.00
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रु०-10889.00 (दस हजार आठ सौ नवासी 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 एंव 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 अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ क दर पर की जाती है। सुसंगत अभिलेख मूल रूप में सलंगन की प्रेषित है।

सलंगनक:- (यथोक्त मूल रूप में)


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

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)

I Dr. Anshu Kaul hereby certify:-

- (a) 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 administeringintra-muscular-injections onsub-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	14978	1.8.2022	Rajdhani Pharmaceuticals, New Delhi	1025
2	14992	1.8.2022	Rajdhani Pharmaceuticals, New Delhi	645
3	14995	1.8.2022	Rajdhani Pharmaceuticals, New Delhi	16
4	15031	2.8.2022	Rajdhani Pharmaceuticals, New Delhi	1595
5	15081	2.8.2022	Rajdhani Pharmaceuticals, New Delhi	408
6	79669/202223	2.8.2022	All India Institute of Medical Sciences, New Delhi	7200
Total				10889

कुल प्रमाण में सकल धनराशि रु०...10889

परीक्षाणोपान्त अदेय धनराशि रु०.....

शुद्ध देय धनराशि रु०...10889.....

धनराशि शब्दों में रु०.....

दस हजार आठ हजार नवसठ रु०

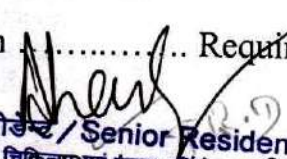
मुख्य चिकित्सा अधिकारी
जिला अस्पताल
सितपुर

वरिष्ठ चिकित्सक / Senior Resident
जठरांत्र शल्य चिकित्सा एवं यकृत प्रभाग
Dept. of GI Surgery & Liver Transplantation
आर्य समाज चिकित्सालय, सितपुर

Checked & Verified

- Signed
H. P. Singh
- (e) that the patient is/was suffering from and is/was under my treatment from 01.08.2022 to 02.08.2022.
 - (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.

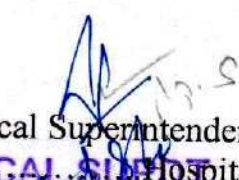
Dated:.....


 वरिष्ठ रेजीडेंट / Senior Resident
 Signature & Designation of the
 Dept. of GI Surgery & Liver Transplantation
 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.

Pt - Kuldeep Kar
 AMT - 10889
 UHID - 106093954

COUNTERSIGNED

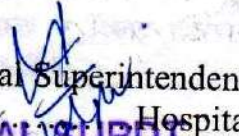

 Medical Superintendent
 Hospital
MEDICAL SUPDT.
 A.I.M.S., N.D.

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

Checked & Verified


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

3/86
 12/8/22
 Seen


 Medical Superintendent
 Hospital
MEDICAL SUPDT.
 A.I.M.S., N.D.


 मुख्य चिकित्सा अधीक्षक
 जिला चिकित्सालय-सीतापुर

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:- 01.08.2022 to 02.08.2022

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	14978	1.8.2022	Rajdhani Pharmaceuticals, New Delhi	1025	✓	
2	14992	1.8.2022	Rajdhani Pharmaceuticals, New Delhi	645	✓	
3	14995	1.8.2022	Rajdhani Pharmaceuticals, New Delhi	16	✓	
4	15031	2.8.2022	Rajdhani Pharmaceuticals, New Delhi	1595	✓	
5	15081	2.8.2022	Rajdhani Pharmaceuticals, New Delhi	408	✓	
6	79669/ 202223	2.8.2022	All India Institute of Medical Sciences, New Delhi	7200	✓	
			Total	10889		

विशेषरूप की सकल धनराशि रू०...10,889

परिभाषाप्रान्त अदेय धनराशि रू०.....

शुद्ध देय धनराशि रू०...10,889

धनराशि शब्दों में रू०.....

दस हजार आठ सौ नवसिक

Ddhi
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय
सीतापुर

Shankar
वरिष्ठ रेजिडेंट / Senior Resident
जठरांत्र शल्य चिकित्सा एवं अंग प्रत्यारोपण विभाग
Dept. of GI Surgery & Liver Transplantation
अ.भा.का.सं., नई दिल्ली

Please consult Dr. before using the medicines

Our GST Billing Software WMS Eno 01126988701,7042696230,7042696233

GST INVOICE/CASH MEMO

①

RAJESH PHARMACEUTICALS
 Chemist & Druggist,
 52/1-2, BANGSANT YUSUF SARAI,
 NEW DELHI-110016

Inv.No. : RT0014978 DATE : 01/08/2022

Phone : 9717675047, 9013858927

Name: KULDEEP KUMAR


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

Addr. : 509 OLD

GST No. : 07AAFFR3582R1Z4

Dr. : AIIMS

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMOUNT
1,000	1PC	a STEAM INHALE	490.00			12.0	147.00	70.00	147.00
1,000	1	b STEEP-SILS ADPARK	24.00	KM650	11/22	12.0	21.60	10.00	21.60
1,000	1K1	a ADDI CHEK INSTANT	1549.00	403013		12.0	700.00	0.00	700.00
5,000	1	a ROMUJET SYRINGS 10	15.40	6220620645	5/27	12.0	5.00	0.00	25.00
15,000	1K15 T	b VELLUZ ZONG TAB	155.00	2K851002	7/23	12.0	8.78	15.00	131.75

Senior Resident
 Dr. 
 Deptt. of GI Surgery & Liver Transpl.
 AIIMS, New Delhi-110029

HSN-3-9018, P-0802 GST-915, 4736+62-54, 949391+54, 940391.

Rs. One Thousand Twenty Five Only

PLEASE PAY = 1025.00

All disputes subject to DELHI Jurisdiction only
 All medicines without Batch No. & Exp.

for RAJESH PHARMACEUTICALS

GST INVOICE/CASH MEMO

②

RAJDHANI PHARMACEUTICALS

Chemist & Druggist.

52/1-2, BASHMENT YUSUF SARAI,

NEW DELHI-110016

Phone : 9717675047, 9013858927

D.L.No. : S(1826)14 RW

GST No. : 07AAFR3582R1Z4

Inv.No. : RT0014995

DATE : 01/08/2022

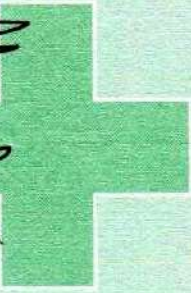
Name : K.L DEEF KUMAR

Add. : 509/OLD

Dr. : ALLMS

Reg. :

QTY.	PACK	PARTICULARS	M.R.P.	TAQCH	EXP	GST %	RATE	DIS	AMOUNT
10.000	10	A PARACIP 650MG TAB	20.49	CF11403	10/24	12.0	1.64	20.00	16.39



वरिष्ठ रूग्णों के Senior Resident
 डाक्टर कल देव कुमार
 Deptt. of GI Surgery & Liver Transplantat.
 अ.म.शा.सं. नई दिल्ली / ALLMS, New Delhi-110

HSN-3-3004 GST-14.63%+5%0.88583140.880351.

Rs. Sixteen Only

PLEASE PAY = **16.00**

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

for RAJDHANI PHARMACEUTICALS

WARNING consult Dr. Before using the medicines

GST INVOICE/CASH MEMO

RAJDHANI PHARMACEUTICALS

Chemist & Druggist,

52/1-2, BASEMENT YUSUF SARAI,

NEW DELHI-110016

Phone : 9712675047, 9013858927

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

GST No. : 07AARFR3582R1Z4

Inv.No. : RT0015031

DATE : 02/08/2022

Name: KILDEEP KUMAR

Add.: 509 OLD

Dr. : ALLMS

Regd.:

QTY.	PACK	PARTICULARS	M.R.P.	MATCH	EXP	GST %	RATE	DIS	AMOUNT
10.000	1	a FOMUJET SYRINGS 10	15.40	62206520643	5/27	12.0	7.70	50.00	77.00
10.000	1	a FOMUJET SYRINGS 50	8.50	62202209522	6/27	12.0	4.25	50.00	42.50
1.000	100ML	b NG 100ML (GLASS)	19.70	2103041186	10/24	12.0	16.74	15.00	16.74
1.000	1X500M	c N.S 500ML (GENIS)	40.91	2203002061	3/24	12.0	34.77	15.00	34.77
1.000	1X100	d EXAME CARE MICRO M	800.00	*		12.0	400.00	50.00	400.00
1.000	1X1PC	a INT. IV CANULA 22G	163.00	621172283	11/26	12.0	32.60	80.00	32.60
1.000	1X1PC	a INT. IV CANULA 20G	163.00	K210727983	6/26	12.0	52.60	80.00	52.60
2.000	1PC	e TEGADERM (1623M)	94.00	F02220909	1/25	12.0	47.00	50.00	94.00
2.000	1PC	e SOFT SWAB 10X10	69.00	0622018L	5/27	12.0	34.50	50.00	69.00
30.000	1UNIT	a ALDOROL SWABS	2.20	360	12/24	12.0	1.87	15.00	36.10
3.000	1PC	a I.V SET VENTED (PRO	162.00	62203320750	2/27	12.0	32.40	80.00	97.20
2.000	1CC	a FOMUJET SYRINGS 1C	7.50	142017632	9/26	12.0	3.75	50.00	7.50
10.000	1PAIR	d SALGICARE GLOVES 7	80.00	2103395K11	10/26	12.0	40.00	50.00	400.00
10.000	1UNIT	a EDS ELECTRODES (KEN	25.30	0222205	12/23	12.0	21.51	15.00	215.05

Rs. One Thousand Five Hundred Ninety Five Only **PLEASE PAY = 1595.00**

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

Dr. K. K. Sen, Resident
Dept. of Geriatrics & Liver Transplantation
AllMS, 110029

for RAJDHANI PHARMACEUTICALS

ORIGINAL

GST INVOICE/CASH MEMO

5

RAJDHANI PHARMACEUTICALS

Chemist & Druggist.

52/1-2, BASEMENT YEMU SEVAI,

NEW DELHI-110016

PHONE : 9717675047, 9013858927

D.L.No. : SC1826114 R/W

GST No. : 07AMPRK3582K1Z4

Inv. No. : RT0015081

DATE : 02/08/2022

Name: KALDEEP KUMAR

Addr. : 509/OLD

Dr. : AIIMS

Req. #

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS.	AMOUNT
10.000	10	a PARALIP 650MG TAB	20.49	CF11403	10/24	12.0	1.80	0.00	18.00
15.000	1X15	a PHTHAIR LC TAB	305.85	AFR21197	7/23	12.0	18.33	0.00	275.00
1.000	100ML	a GRILINDOLUS SYR	125.00	522016	1/24	12.0	115.00	0.00	115.00



वरिष्ठ रंजीत सिंह Resident
 ज्योति बाबा विधि
 Dept. of GI Surgery & Liver Transplantation
 आ.आ.सं. नई दिल्ली / AIIMS, New

HSN-3004 GST-354, 316+2=21, 85981+21, 859081,

Rs. Four Hundred Eight Only

PLEASE PAY = **408.00**

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

ORIGINAL

Please consult Dr. Before using the medicines.

for RAJDHANI PHARMACEUTICALS



CASH RECEIPT

Phones :26588500,
26588700

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

Settlement Id :572156

Last Ward Name OPW V FLOOR and Bed No. :509

KULDEEP KUMAR

59 years 22 days

Male

UHID :106093954

Admission date:

01/08/2022

Advance
Paid:

Rs.33000.00

Settlement

date:02/08/2022

Long Admission For Private B with Diet Rs :33000 of Receipt No
:ACCOUNTS-18-79669/202223

SI.No	Service Name	Quantity	Rate	Amount
Admission Charge				
1	BED CHARGE PER DAY FOR PRIVATE B	2	3000.00	₹ 6000.0
2	DIET CHARGES FOR PVT PATIENT PER DAY	2	300.00	₹ 600.0
3	EXTRA DIET FOR PVT PATIENT PER DAY	2	300.00	₹ 600.0
Total amount :				7200.0

SI.No

Service Name

Amount

Total Rs : Rs. 7200.0

(-) Donation Rs. 0.0

Amount :

(-) Advance Rs.

: 33000.00

(-) Grant Rs. 0.0

Amount :

Exempted Rs. 0.0

Amount :

Amount to be Rs.25800.0

Refund :

Amount in Words

Rupees Twenty Five Thousand Eight Hundred Only

Remarks :

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

Prepared By Mr.NAVEEN YADAV DEO

Verified By AO/AAO/Cashier

Hosp. BILLING SEC

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



Department of Gastrointestinal Surgery
All India Institute of Medical Sciences, New Delhi



D I S C H A R G E S U M M A R Y

Name Mr. KULDEEP KUMAR **Age** 59 **Sex** Male **C. R. No.** 348004 **GIS No** 484/2022
Permanent Address B-7/7 LAL QJARTEJA, KRUNDA **Temporary Address** **D.O.A.** 01-08-2022
New Delhi **D.O.O.** non operative discharge
DELHI
Ph. **Fax** **Ph.** **Fax** **D.O.D.** 02-08-2022
Email 106093954

Diagnosis : Rectosigmoid lipoma with mild COVID

Previous admission : No

Advice : Steam inhalation QID
Tab Eltroxin 100 ug OD
Tab Pan 40 mg OD
Tab Zincovit 1 OD
Tab glimipiride 2mg OD
Tab Janumet BD
Tab Atorvas 20 mg OD
Ta vertin 8 mg SOS
Tab PCM 650 mg SOS
Monitor glucose, BP, temperature, Saturation
Tab Limcee 500mg OD
Tab Levocetizine 5 mg HS x 1 week
plenty oral fluids
In case of any emergency, low saturation less than 94%, shortness of breath, review SOS

History :

Generalised weakness and easy fatiguability x 1 year
Patient had h/o mild COVID in april 21 and october 21, following which he has easy fatiguability and exertional dyspnea. Routine workup showed Hb of 11, with serial fall to 10g/dl to 8.4 gm/dl. H/o on and off malena, no h/o hemetmesis. Chronic constipation +, LOA+, LOW 3kg i 6 months. With these complaints, he was evaluated in Medicine Dept AIIMS, found to have Stool occult blood positive and admitted under GI surgery for further management.

P/H COVID April 21/Oct 21
H/O T2Dm on OHA
H/O HTN, currently off medications
H/O hypothyroidism on Eltroxin 100 ug OD
H/O OSA, not on any CPAP
h/O BPPV, on tab vertin 8 mg SOS
no past abdominal surgeries. H/O Chronic dyspepsia

Examination :

ECOG 1. well nourished
Pallor +, no icterus
Ht 165 cm , wt 94 kg
P/A soft non tender
DRE : normal, no bleed, yellow stools +, no mass palpable

Operative Procedure and Findings :

Hospital Course :

Pre Op On admission, patient had fever 100.1, with sore throat and generalised malaise and weakness. COVID
-RTPCR was positive. Medicine opinion was taken under Dr Sanjeev Sinha, i/v/o normal saturation and no
warning signs, he was advised to continue for home isolation and discharged.

Post O non operative discharge



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
Ms. Kuldeep Kumar		M	59 1/2	

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
1/8/22	<p>no - 0 gen. bodyache & LBA.</p> <p>↓</p> <p>mechanical in nature</p> <p>① No. - 40 any root-pain like features</p> <p>② No. - 40 any other extra-articular features</p> <p>O/E - No S/T/TJ</p> <p><u>Isp - Medv. LBA</u></p> <p>Adv</p> <p>① To do</p> <p>② Cervical spine AP Lat.</p> <p>Digital X-rays</p> <p>Revisc III cup - AP.</p>

KICLO
 FITN
 or Telna.

L5 spine



No. significant change

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)



- Weight Reduction Daily
- Capsize D₂ 60K/ month exercises -
- T. Pregabalin 75 mg b.i.d x 7 days.
- PMAx 10 days.



डॉ. रंजन गुप्ता

Dr. RANJAN GUPTA, M.D., D.M.

सह आचार्य / Associate Professor

रक्तमज्ञेयविज्ञान विभाग / Department of Rheumatology
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-110029

अखिल भारतीय आयुर्विज्ञान चिकित्सा संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

छुटी की पर्ची
DISCHARGE SLIP

क्रम सं०

Serial No. 106093954

बाह्यरोगी

Outdoor

OPW 509

अंतरण

Indoor

वार्ड

GIS-484/22

Ward

नाम

Name KUNDUP KUMAR

प्रवेश तिथि

Date of Admission

1/08/22

छुटी की तिथि

Date of Discharge

2/08/22

रोग

Disease

परिणाम

Result

परामर्श

Advice

Rechtsynoid lipoma C Covid (Mild)
Discharged for Home Isolation

Steam Inhalation BID

* Tab Elixirin 100mg OD

* Tab Pau 4mg OD

* Tab Zovocort 1 tab OD x 2 weeks

* Tab Glimipride 2mg OD

* Tab Janumet (Metformin + SGLT2i) OD

* Tab Atorvas 20mg OD

* Tab Verhi 8mg SOS

* Tab Perm 650mg SOS for fever (BP 170/110)

Monitor BG / SpO2 / Temperature / BP

Tab Lincol 500mg OD x 2 weeks

* Tab Lasocelestine / Sing HS x 1 week

Plenty oral fluids / Monitor

In case of any shortness of breath, worsening cough, low SpO2, or high PR Bts → Review SOS