

प्रेषक,

मुख्य चिकित्सा अधिकारी
ललितपुर।

सेवा में,

चन्द्रोदय कुमार,
जनपद न्यायाधीश
ललितपुर।

पत्रांक -

मु0चि0अ0/चि0प्रति0पूर्ति0/दावा-परी/2022-23

दिनांक - 15/09/23

विषय -

श्री चन्द्रोदय कुमार जनपद न्यायाधीश ललितपुर द्वारा स्वयं के चिकित्सा उपचार पर किये गये व्यय प्रतिपूर्ति बिलों पर प्रतिहस्ताक्षर किये जाने के संबंध में।

महोदय,

उपरोक्त विषयक कृपया आपके पत्र संख्या 1349/XV/ललितपुर दिनांक 10.08.2023 श्री चन्द्रोदय कुमार जनपद न्यायाधीश ललितपुर द्वारा स्वयं के चिकित्सा उपचार पर व्यय किये गये रू0 52100/- परीक्षण उपरान्त प्रतिहस्ताक्षर कर वापस किये जाने के अनुरोध किया गया है।

तदनुसार उक्त दावे का परीक्षण चिकित्सा अनुभाग - 6 शासनादेश संख्या 2275/5-6-11-1082-87 दिनांक 20 सितम्बर 2011 उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011 एवं चिकित्सा अनुभाग-6 शासनादेश संख्या 474/पांच-6-14-1082/87 टी0सी0 दिनांक 04 मार्च 2014 तथा चिकित्सा अनुभाग - 6 शासनादेश संख्या - 23/2019/126/पांच-6-2019-05 (रिट)/2018 दिनांक 16 जनवरी 2019 में निहित प्राविधानों के अंतर्गत किये गये परीक्षणोपरान्त रू0 51100/- (रू0 इक्यावन हजार एक सौ मात्र) की धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है।

अतः संबंधित प्रतिपूर्ति दावे को मूलरूप संलग्न कर इस आशय के साथ वापस किया जा रहा है कि उक्त दावे पर आप अपने स्तर से अग्रिम कार्यवाही करने का कष्ट करें।

संलग्नक - प्रतिपूर्ति दावा मूलरूप में।

भवदीय

Pankaj

श्री पवन कुमार सिंह
वरिष्ठ सहायक

AS

डा० जनशेष चन्द्र
उप मुख्य चिकित्साधिकारी
ललितपुर

मुख्य चिकित्सा अधिकारी
ललितपुर
मुख्य चिकित्सा अधिकारी
ललितपुर

श्रीमान् जी,

उक्त चिकित्सीय पत्रावली मुख्य चिकित्सा अधिकारी ललितपुर की संस्तुति उपरान्त दिनांक 16-09-2023 को प्राप्त हो चुकी है।

अतः चिकित्सीय पत्र मा० उच्च न्यायालय, इलाहाबाद चिकित्सीय परिश्रम स्वीकृति हेतु भेजित किये जा सकते हैं।

आरंभ सादर प्रस्तुत है।
श्रीमान् जी, ललितपुर

श्रीमान् जी, ललितपुर

Shek
D.S.

स्तम्भ-2
एतद द्वारा प्रतिस्थापित परिशिष्ट
परिशिष्ट-ग
(भाग-पाँच-नियम 16 तथा 18 देखें)


सेवा में,

श्रीमान् महानिबंधक महोदय,
माननीय उच्च न्यायालय,
इलाहाबाद।

विषय :- चिकित्सा उपचार पर कियें गयें व्यय रु052,100/- की प्रतिपूर्ति।
महोदय,

मैं **चन्द्रोदय कुमार** मेरे पारिवारिक सदस्यX..... ने स्वयं के दाँतों के लिये दिनांक **24.07.2023** से **29.07.2023** तक **डा० शोभित गुप्ता, Dental Solutions, Lucknow** में उपचार करवाया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिये दावा प्रस्तुत कर रहा हूँ :-

- 1- उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।
 - 2- उपचारी चिकित्सक द्वारा विधिवत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (बिल), बाऊचर।
 - 3-यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित हैं और सामान्यतया मेरे साथ निवास करता है।
- मेरे उपचारार्थ X.....के पत्र संख्या X.....दिनांक.....X द्वारा स्वीकृत रु0..... X.....के अग्रिम का समायोजन करने के पश्चात मेरे दावे की प्रतिपूर्ति के लिए यथा आवयक कार्यवाही करने की कृपा करें।
- दिनांक :- 10.08.2023


(हस्ताक्षर)
नाम :- **चन्द्रोदय कुमार**
पदनाम :- **जनपद न्यायाधीश,**
ललितपुर।

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the treatment of Sri. **Chandroday Kumar**,
District Judge, Lalitpur. Was started in this hospital in Urgency/Emergency
from **24-07-2023** for the treatment of *Dental Caries / Pulpitis*

[Handwritten Signature]
(Signature of treating doctor)

DENTAL SOLUTIONS
DENTAL CLINIC & IMPLANT CENTER
Dr. SHOBHIT GUPTA
B.D.S., M.D., F.A.G.E., Dip. Implants (CIOMFI) France.
Reg. No. 3546
Consultant Dental Surgeon & Implantologist
UGF 42, 57 Pine Plaza, Mursli Pulia, Indira Nagar, Lucknow-18

Not Admitted

Certified granted to Mrs./Mr./Miss- Chandroday Kumar.
Wife /Son/daughter of Mr. shri Jagnath Singh.
employed in the District Judge, Lalitpur.

CERTIFICATE 'A'

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

Dr. Shobhit Gupta, Dental Solutions, Lucknow. hereby certify :-

- (a) that I charged/received Rs.X.....for consultations on ...X... at may consulting room at the residence for the patient.
- (b) that I charged and received Rs. ...X.....for administering...X..... Intramuscular/subcutaneous injections onX.....at may consulting room/at the residence of the patient.
- (c) that the patient has been under treatment at.....X....hospital may consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recover/rovontions of serious detenoration in the condition of the patient. The medicines are not stocked in the (name of the hospitalX.. fro the supply to private patients and do not proprietary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily foods, toilets and disinfectants.

SL.	Name of Medicines	Quantity	Price
1.	Receipt No. DS0118 dt. 24-07-2023 Dental Solutions, Lucknow		Rs.52,100=00
Total:-			Rs.52,100 =00

Counter Signature for Rs. 51100/-
(Rs. 52100/-) Shri Jagnath Singh
As per Bill Atteched & Checked by me.

 **DENTAL SOLUTIONS**
DENTAL CLINIC & IMPLANT CENTER
DR. SHOBHIT GUPTA
B.D.S. (Dent), F.A.G.E., Dip. Implants (CIIOMFI) France.
Reg. No. 3546
Consultant Dental Surgeon & Implantologist
UGF 42,52 Plaza, Murshidpur, Indira Nagar, Lucknow-16


Chief Medical Officer
LALITPUR

- (d) that the patient is /was suffering from Dental Caries/Pulpitis and is /was my treatment from 24-07-2023 to 29-07-2023
- (e) that the patient is/was not given prenatal or postnatal treatment.
- (f) that the X-Ray, Laboratory test etc. for which an expenditure of Rs.X.....as incurred were necessary and were undertaken on my advice at...X...
- (g) that I referred the patient to DrX.....for specialist consultation and that the necessary of theX.....as required under the rules was obtained.
- (h) that the patient did not require/required under the rules for hospitalization. *Sh*
- (i) I am not drawing any NPA/NPP.

Date:-

DENTAL SOLUTIONS
DENTAL CLINIC & IMPLANT CENTER
Dr. SHOBHIT GUPTA
 B.D.S., M.S., F.A.G.E., Dip. Implants (CIOMFI) France.
 Reg. No. 3546
 Consultant Dental Surgeon & Implantologist
 UGF 42, 57 Prime Plaza, Munshi Pulia, Indira Nagar, Lucknow-16

**Signature & Designation of the
 Medical Officer and the Hospital/
 Dispensary to which attached.**

DENTAL SOLUTIONS
DENTAL CLINIC & IMPLANT CENTER
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 B.D.S., M.S., F.A.G.E., Dip. Implants (CIOMFI) France.
 Reg. No. 3546
 Consultant Dental Surgeon & Implantologist
 UGF 42, 57 Prime Plaza, Munshi Pulia, Indira Nagar, Lucknow-16

NB: Certificate not applicable should be struck off Certificate (A) is compulsory and must be filled in by the Medical Officer in all case.

COUNTERSIGNED

I Certify that the patient has been under treatment at the Dental Solutions, Lucknow. hospital and that the facilities provided were minimum which were essential for the patients treatment.

Place:-

Date:-

Sh
Medical Superintendent

.....Hospital

DENTAL SOLUTIONS
DENTAL CLINIC & IMPLANT CENTER
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 Reg. No. 3546
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 UGF 42, 57 Prime Plaza, Munshi Pulia, Indira Nagar, Lucknow-16

Reimbursement Particular

(3)
(4)

Patient's Name. Chandroday Kumar.

Doctor's Name. Dr. Shobhit Gupta, Dental Solutions, Lucknow.

Disease's Name. Dental Caries/ Parafitis

Treatment Period. 24.07.2023 To 29.07.2023

S. No	Bill No. & Date	Chemist/ Hospital Name	Amount	Due	Non Due
1	DS 0118 dt. 24-07-2023	Dental Solutions, Lucknow	52,100		
		Total	52,100		



DENTAL SOLUTIONS
DENTAL CLINIC & IMPLANT CENTER
Dr. SHOBHIT GUPTA
B.D.S., M.S., F.A.G.E., Dip. Implants (CIOMFI) France.
Reg. No. 3546
Consultant Dental Surgeon & Implantologist
UGF 42, 57 Pine Plaza, Murshidpore, Indira Nagar, Lucknow



DENTAL SOLUTIONS

A MULTISPECIALITY DENTAL CLINIC



Dr. SHOBHIT GUPTA

B.D.S. (Lko), F.A.G.E., Dip. Implants (CIOMFI) France
Reg. No. 3546

For Appointment : 9451853888
(During Clinic Hrs.)

24x7 Emergency No.: 9415461888

24-Jul-23

Date

838 I

Clinic No.....

Consultant Dental Surgeon & Implantologist

- ★ College Extra-Universitaire d'Implantologie Orale et Maxillo-Faciale, France.
- ★ Certificate of Excellence in Advanced Endodontics - Micro Mega, France.
- ★ Member : Key Resource Team - University of Alabama School of Dentistry, USA.
- ★ Certificate of Appreciation Awarded by : International Association of Lion's Club.
- ★ Trained in - Single Sitting Root Canal.
 - Zirconia (CAD/CAM) Crowns & Bridges.
 - Painless Wisdom Tooth Root Canal Treatment & Surgeries.

<p>Medical History</p> <p>D.M Prostate Hypertension MLO & Platelets.</p>	<p>Name : Mr. Chandroday Kumar Age / Sex : 54/M</p>
<p>Drug Allergies</p>	<p>cpo Severe Pain = +</p> <p>- Mesial curvatures Exposed 8/</p> <p>- MLO Endodontic tx 7/6 → #</p> <p><u>Ads</u></p> <p>- T-O-P-A * R 8/</p> <p>- Single 8-Mix Endodontic tx 8/</p> <p>3mm maxillary crown and core Baiting 7/6</p> <p>- Tab Kerosol D7</p>
<p>Investigations</p>	<p>EMPT STOMACH खाली पेट</p> <p>Rabunyo A sk</p> <p>Tab lacom - cv 6/4</p> <p>Tab Hifinac - R 6/4</p> <p>Cy 14/0/14</p> <p>X2 day</p>

FULLY EQUIPPED CLINIC WITH ALL ADVANCED DENTAL FACILITIES UNDER ONE ROOF
All Procedures Under Strict Aseptic Protocols

DENTAL OFFICE - Ground Floor, 42,57 Prime Plaza, Munshi Pulia, Indira Nagar, Lucknow-16
Timing - Mon To Sat - Morning : 10.00 to 1.00 P.M. Evening 4:30 - 9.30 P.M.
Sunday - Morning : 10.00 to 01.00 P.M., **Sunday : Evening Closed**

24/7/23

Shed



DB-4%Y-18mm

Single situ Rec of June

- 3M Universal GJ Doup

$\frac{7}{6}$



DB-4%Y-18mm
Palatal-4%Y-18mm

- Crown Remover for 3M

Monolith Crown

$\frac{7}{6}$

25/7/23

1/2 2mhr taken for 3M
Monolith Crown

M B-Camp
Not Sealed
h

MA · 29/7/23 at 12:00 Noon

h



DENTAL SOLUTIONS

A MULTISPECIALITY DENTAL CLINIC

4
5

RECEIPT

Patient First Name : **Mr. Chandroday**

Patient Last Name : **Kumar**

Clinic Number : **838 i**

Date : **24-07-2023**



UGF 42, 57 Prime Plaza,
Munshipulia,
Indira Nagar, Lucknow



9451853888



Receipt Number : **DS0118**

S.No	Treatment	Tooth Number	Amount
1	Consultation		500
2	Consultation	18,18	600
3	Single Sitting Root Canal	18	15000
4	Composite Restoration / Crown Buildup / Veneers	27	4500
5	Composite Restoration / Crown Buildup / Veneers	36	4500
6	CAD/CAM Crown/Bridge	27	13500
7	CAD/CAM Crown/Bridge	36	13500
8	I.O.P.AX-Ray	18,18	00.00



DENTAL SOLUTIONS
DENTAL CLINIC & IMPLANT CENTER

Dr. SHOBHIT GUPTA

B.D.S., D.O., F.A.G.E., Dip. Implants (CICOWE), France.

Reg. No. 3548

Dentist, Prosthodontist & Implantologist

UGF 42, 57 Prime Plaza, Munshipulia, Indira Nagar, Lucknow-16

Amount : ₹ 52100=00

*This is a computer generated copy, doesn't require signature



(पर्चा जारी तिथि में 15 दिन तक मान्य होगा)

मान्यवर कांशीराम संयुक्त चिकित्सालय (पुरुष), ललितपुर



बह्य रोगी प्रपत्र (OPD Slip)

नाम चन्द्रोदय कुमार पिता/पति जं. रं. सिंह पंजीकरण सं 15735
 उम्र 54 लिंग m दिनांक 22 JUL 2023 मोबाईल सं 98111 040118
 रोगी का पता m

Past Medical History

- Diabetes
- Asthama
- Hypertention
- Thyroid
- T B
- Any other illness, Please specify

Complaints.....

Provisional Diagnosis.....

ON Examination

- GC
- Pulse
- BP
- Temperature
- Anaemia
- Jaundice
- SPO2

Rx

Treatment Advised

Name of Medicine	Dose	Duration	Route
<i>8/65 / 1000 mg / 1000 mg / 1000 mg / 1000 mg</i>			

Systemic Examination

- CVS
- RS
- P/A
- CNS
- Other

Investigation

- CBC
- MP / Wadal test
- Blood Group
- LFT
- KFT
- Lipid Profile
- Blood Sugar/HbA1C
- X-ray.....
- USG of Abdomen
- CT scan of.....
- ECG
- Sputum for AFB
- Covid-19 (RAT)
- HIV/VDRL
- Harmonal Analysis
- Other.....

डा० मनीष माथुर
 कन्सलटेन्ट डेन्टल सर्जन

डा० मनीष माथुर
 कन्सलटेन्ट डेन्टल सर्जन

जिला चिकित्सालय (पुरुष) ललितपुर

जिला चिकित्सालय (पुरुष) ललितपुर

Reference to.....

(Signature of Doctor)