



PANDIT RAM DAYAL TRIVEDI HOSPITAL, AUTONOMOUS  
STATE MEDICAL COLLEGE HARDOI

HOSPITAL ROAD, MG MARG, HARDOI, HARDOI-241001, UTTAR PRADESH, INDIA

PHONE: -

OPD CARD



CR No : 981222400994673

Patient Name : AJAY KUMAR SHRIVASTAVA

Age/Sex : 50 Yr/M

ABHA Address : NA

S/O : NA

ABHA Number : NA

Address : HARDOI, UTTAR PRADESH, INDIA

Mobile : 9999999999

Category : General

Fees: ₹1.00/-

Department/Room : General Medicine / 14

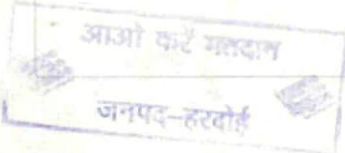
Visit Date : 27-Apr-2024 10:01

Doctor/Unit : Unit 2

OPD Days : Tue, Thu, Sat

Valid Till: 11-May-2024

Payment Details/ Trans Id. : Cash /



Pt clo pain in upper left back region  
of jaw since 1 week.

O/E - carious  $\frac{\quad}{\quad} \frac{\quad}{7}$   
(x-ray reveals pulp exposure)

Adv - RCT  $\frac{\quad}{\quad} \frac{\quad}{7}$   
followed by crown fabrication

# THE DENTAL & MAXILLOFACIAL CLINIC

Ref. No. 3559

Centre for Dental Implants

## Dr. SWATI GUPTA

B.D.S. (Gold Medalist), M.D.S.

PROSTHODONTICS

KING GEORGES' MEDICAL COLLEGE, LUCKNOW

SPECIALIST IN CROWN, BRIDGE & DENTURE

Ex. SENIOR RESIDENT (K.G.M.C.)

PROFESSOR & SENIOR CONSULTANT

B.B.D. COLLEGE OF DENTAL SCIENCES

## Dr. HEMANT GUPTA

B.D.S., M.D.S.

ORAL & MAXILLOFACIAL SURGERY

KING GEORGES' MEDICAL COLLEGE, LUCKNOW

SPECIALIST IN IMPLANTS & SURGERIES OF FACE & JAW

Ex. CONSULTANT, VIVEKANAND POLYCLINIC

PROFESSOR & SENIOR CONSULTANT

B.B.D. COLLEGE OF DENTAL SCIENCES

NAME: Mr. Ajay Kumar Srivastava

Age / Sex: 1M Date: 27/4/24

Medical History/Allergies:

O/E - Caninus exposed +7

Adv - RCT + crown w/c +7

Rx - Tab Augmentin 625 o-a.

Tab Gudgezie SP o-o

Cap Gut OK o-o

x 5 days.

Tab wysalare 200 1 tubsht for

s.s. RCT done for U7

11/5/24 +7 completed for U7

### APPOINTMENT :-

Date	Time
11/5/24	12:00 PM
12/5/24	9:00 AM
2/6/24	1:00 PM



Certificate granted to Mrs./Mr./Miss Ajay Kumar Srivastava  
 Wife/Son/Daughter of Mr. H. C. Srivastava  
 Employed in the... District Judiciary, Haridwar

**CERTIFICATE "A"**

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

- I, Dr. Hemant Gupta, B.D.S. M.D.C. hereby certify :-
- (a) that I charged and received ₹ 500/- for ..... consultations on  
27.04.24 (date to be given) at my consulting room. at The Dental & Maxillofacial  
clinic, Meerut at the residence of the patient.
- (b) that I charged and received ₹ 21,500/- for administering .....  
 intramuscular injections/subcutaneous on 02.6.24 (date to be given)  
 at my consulting room/at the residence of the patient.
- (c) That the injections administered were for/were not for immunizing or prophylactic purposes.
- (d) That the patient has been under treatment at The Dental & Maxillofacial hospital/my consulting room  
clinic, Meerut and that the undermentioned 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 ..... (name of the hospital) for supply to private patients and do  
 not include proprietary preparations for which cheaper substances of equal therapeutic value are  
 available for preparations, which are primarily foods, toilets or disinfection.

S.N.	Name of medicines	Prices
1.		
2.		
3.		
4.		
5.		
6.		

*Medicines at his  
prescription slip*

- (e) That the patient is/was suffering from Acute pulpitis LF and is/was under my treatment  
 from 20.05.24 to 11.05.24 to 02.6.24.
- (f) That the patient is/was not given prenatal or postnatal treatment.
- (g) That the X-ray laboratory test, etc. for which an expenditure of ₹ .....  
 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  
 of the State) as required under the rules was obtained.

# THE DENTAL & MAXILLOFACIAL CLINIC ①

1/705, Vishal Khand, Gomti Nagar, Lucknow-10.  
Phone : 0522-4049731, +91 7754979997

Sr.No.: 1757

Date: 27/4/24

Name: Ajay Kumar Srivastava

Address: Faizabad Lucknow.

Phone: 7459053359

Consultation Fee: 800/-

X-ray Fee: Per

Dr. HEMANT GUPTA  
B.D.S., M.D.S.  
Reg. No.-1848

~~Signature~~



अपरिहार्य / आपात दशा प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती अग्रय कुमर श्रीवास्तव  
पुत्र/पति/पत्नी श्री श्रीवत्सव श्रीवास्तव आयु 50  
वर्ष Acute pulpitis LF  
रोग से पीड़ित हैं। इनका उपचार The Dental & Maxillofacial Clinic, Buxar में मरीज  
की अपरिहार्य परिस्थिति / आकस्मिकता को देखते हुये दिनांक 27.4.24 से शुरू किया गया।



चिकित्सक का नाम व मुहर

Dr. HEMANT GUPTA  
B.D.S., M.D.S.  
Reg. No.-1848



स्तम्भ-2

एतद्वारा प्रतिस्थापित परिशिष्ट  
परिशिष्ट 'ग'

(भाग-पाँच-नियम-16 तथा 18 देखें)

सेवा में,

कार्यालयाध्यक्ष का नाम,

.....  
.....

विषय :- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।

महोदय,

मैं अजय कुमार शिवानंद, / मेरे पारिवारिक सदस्य (नाम).....

ने आपने दावा में Ret plus Crown cap (बीमारी का नाम) के लिए

11/5/24 (दिनांक) से 02/6/24 तक

The Dental-Maxillofacial Centre, Lucknow (चिकित्सालय का नाम) में उपचार

करवाया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ :-

1. उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।
2. उपचारी चिकित्सक द्वारा विधिवत् हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची(कैश मेमो), बीजक(बिल), बाउचर।
3. यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित हैं और सामान्यतया मेरे साथ निवास करता है। N/A

मेरे उपचारार्थ, N/A (कार्यालय का नाम) के पत्र

संख्या.....दिनांक.....द्वारा स्वीकृत ₹ N/A के अग्रिम

का सामायोजन करने के पश्चात् मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

दिनांक 05/7/24

**NOTE:-** फुली बर्डे अग्रिम य खरिज विरुद्ध सिविली जस्टिस को  
मात्र मेरे दावा दावों के समाज हेतु 22,000/- लक्ष्य प्राप्त  
गया है निम्नलिखित प्रमाणित कर आदि निम्नलिखित  
Ajay Kumar Shivandan

अधिकारी/कर्मचारी का नाम :-.....

पदनाम :- Principal Judge Family Court

तैनाती का स्थान :- Distt. Judge, Haridwar, U.P.

DETAIL OF VOUCHERS / EXAMINATION CHART

Patient's Name : Ajay Kumar Sivaratan  
Name of the Hospital : The Dental & Maxillofacial Clinic, Lucknow  
Period of treatment : ~~11.05.24~~ 15 to 2.06.24  
 Note: - Consultation done on 27.04.24

Sl. No.	Voucher No.	Date	Institute/ Chemist's Name	Amount	Payable Amount	Non Payable Amount
1.	1757	27.04.24	The Dental & Maxillo-facial clinic, Lucknow consultation Fee -	-500/-	—	500/-
2.	Receipt No 152	02/6/24	The Dental & Maxillo-facial clinic, Lucknow Total Bill payable	21,500/-	21,500/-	—
Total				22,500/-		
				(Twenty two thousand only)		
					21,500/-	

✓ Signature of C.M.O/ C.M.S  
 कृते  
 जियु

HIGH COURT OF JUDICATURE AT ALLAHABAD