

PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, DR. Jagbeer Singh Verma [Name] CMO/CMS,

have perused the documents presented before me by Sri ADJ [Name] of the Officer Anupama Singh, ID No. UP2697 Designation

and place of posting Aligarh OR on his behalf by Sri Vaishali Singh Relation with the officer Daughter

Phone No.

- I. I have personally examined Sri/Smt./Sushri. Vaishali Singh who is suffering from the disease/syndrome/disability. Rep. focal Seizures [Name of the disease] Motor features impaired awareness and in my opinion he/she may require frequent hospitalization for treatment/management. as per G.B Pant Hosp report and still taking treatment from AIMS at 9/10/23 Dr Arun
- II. I also verify that Sri/Smt./Sushri. Vaishali Singh suffering from the disease/syndrome/disability/disorder. G.B Pant is Hosp. Kaul [Name of the disease] and the disease(s) find(s) mention at paragraph no. . . . of the Annexure-I enclosed herewith. Paper's attached
- III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
- IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely . . . Higher centres (AIMS/G.B Pant)
- V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for months only.

Signature with seal (C.M.O./C.M.S.)

Name: Dr Jagbeer Singh Verma ID No.: 42284 Designation: Telephone No. 9777833921 Mobile No.

CHIEF MEDICAL SUPERINTENDENT DIST. HOSPITAL SINGH HOSPITAL ALIGARH

- 1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
- 2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.

154-H7

80-K हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

नैजिका विज्ञान ओ.पी.डी. युनिट-11
Neurology OPD Unit-II
गुरुवार एवं शनिवार सुबह
Wednesday & Saturday Morning
8:30 AM to 10:30 AM

दिनांक/Date

विभाग
Deptt.

NC 2021/016/0008566

Neurology-II

Charges Rs. 10.0/-

UHID: 105538564

Neurology

Date 26/08/2021 MON, THU

Slip

20Y 3M 7D

/Female

यू०एच०आई०डी० =
UHID No.

Name VAISHALI SINGH

D/O ANUPAM SINGH



Phone No. 6396839820

Consultant Room 5

Dr. Manjari Tripathi

SR Room:

Registration Time: 8.30 AM - 10.30 AM

LA - 20 days back -

Rx:

- 1) Tab cloba. 40mg 8(PM) 2T
- 2) Tab Eslicizer 800-x-200
- 3) Tab. Leveva 750mg 1-x-1+
- 4) Tab Gardenal 60mg x-x-1+
- 5) Tab Fycompa 6mg 2T
x-x-1 just before
bed time

2-5 (21)
2/12/21
wt
85-kg
2/12/21
27
weight
control
diet

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

HT carb

x 6 months

दिनांक
Date

1/3 case neurology

MSD - 31/7/2023

Continue to
have seizures

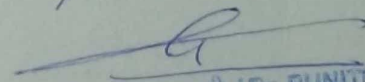
sure 4 to
July 12

7/10 currently +

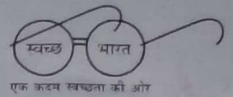
Advised:

- ① Tab cloba 40mg @ 8pm
x → x → 1
- ② Tab ESUZON 800mg - x - 200mg
- ③ Tab GAROENAL 60mg x → x → 1
- ④ Tab RYCOMPA 4mg x → x → 1
(2 mins before sleep)
- ⑤ Tab BREVIPIL 100mg 1 → x → 2
- ⑥ planned for VEGG
- ⑦ Dietician consult for weight loss

(B)
YA 3 months


डॉ. पुनीत एस. डी. / Dr. PUNITH S.D.
वरिष्ठ रेजिडेंट / Senior Resident
तंत्रिका विज्ञान विभाग / Dept. of Neurology
तंत्रिका विज्ञान केंद्र / Neurosciences Centre
ज. मा. आ. सं. नई दिल्ली / J.M.S., New Delhi

11/11
R.S. (25)
31/8/23
INT-84K9



DISCHARGE SUMMARY

CONSULTANT..... Dr Arun Kaul UNIT I

नाम VISHALI SINGH उम्र 20 लिंग F बा०रो०वि०सं० OPD No.

भर्ती की तिथि 20/11/23 छुट्टी की तारीख 5/12/23 सी०आर०नं० 561848 वार्ड नं० Emu

निदान Focal Seizures - motor features & impaired awareness.

Detailed discharge to be given on next visit.

क्लिनिकल नोट Recurrent seizure episodes since 2010. Continue to have sz despite being on multiple AEPs.

अस्पताल में भर्ती के दौरान इलाज It was admitted in Epilepsy monitoring unit and video EEG was done. Bimanual hand activation - one chewing mch - left eye elevation observed & semiology of sz.

डिस्चार्ज के समय अवस्था stop

जाँच / INVESTIGATIONS

हिस्ट्री
History

Hb
TLC
DLC
ESR
BL Sugar $\left\{ \begin{array}{l} F \\ PP \end{array} \right.$
BL Urea
S Cholesterol
HDL Cholesterol
S. Triglyccride
S. Uriacid
Trop T
CPK
CPK MB

ELECTROLYTES

एन०ए० / N.a
के / K

S. Creatinine
SGOT/PT
ASO/CRP
BL Culture
BL Group
HBs Ag
CT
PT

पेशाब
URINE

RE
MICRO
URINE C/S

अन्य
Others

CXR

ECG

TREATMENT ADVISED

- ① T. Brevipic 100mg 1 - 2
- ② T. Clobazam 40mg ~~MS~~ HS
- ③ T. Eslicem 800 - 200mg
- ④ T. Gardonal 60mg OD.

Plan → PET-scan

Flu in Neurology OPD

Wed / Friday ↓ Dr. Arun
Kumar Sir

* Detailed discharge to be given on next visit.

JR - RESIDENT

SENIOR RESIDENT
Department of Neurology, I.I.T. Delhi-02



G B PANT INSTITUTE
GB Pant Hospital 1 J L N Marg New Delhi



पंजीकरण संख्या (Registration No) : 20230076640

Dr. Arun Koul

विजिट नंबर (Visit No) : 2/ Last Visit Date : 07/10/2023 12.00 AM / टोकन संख्या (Token No) : 91

कमरा संख्या (Room No) : OPD Block, OPD, 3rd, 327

Neurology-Dr Arun Koul

Doctor Days : FRIDAY

नाम (Name) : **Mr. Vaishali Singh**

पंजीकरण राशि (Registration Amount) : **Rs. 0**

उम्र (Age) / लिंग (Sex) : **20Y 11M 29D PM**

मोबाइल नंबर (Mobile No) : *****982

विभाग (Department) : Neurology

पता (Address) : J 34 JUDGES COMPOUND PRO 130526, NEW DELHI (DELHI)

पंजीकरण की तिथि (Date of Registration) : **22/12/2023 09.33 AM**

Unit : 1-Dr Debashish Chowdhury

पिन कोड (Pincode) :
MLC Patient : NO

रोगी का प्रकार (Patient Type) : General

अभिभावक का नाम (Guardian Name) : ANUPAM SINGH (Father)

Patient Consent : NO

22.12.23.

Δ: Focal stimuli & mirror features & impaired awareness

Brief episode of focal clonic activity over face.

↳ 2 episode / but more

stimuli pref. led from before.

(Peri-aural
intusions)

Rx

① TAB BREVIAL 100mg 1-2.

② TAB Clobazam 40mg HS (10PM)

③ TAB ESUSAM 500-200mg

④ TAB Gabapent 60mg OD.

⑤ TAB Calamus 100mg OD.

X/initial

[Signature]
Anupam

PET scan
↓
Normal