

PROFORMA - I

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

I, Dr. Aalok Kumar [Name] CMO/CMS, Pilibhit

have perused the documents presented before me by Sri MAHESHA NAND JHA [Name of the Officer], ID No. 6289 Designation ADJ

and place of posting Pilibhit OR on his behalf by Sri

Relation with the officer

Phone No.

I. I have personally examined Sri/Smt./Sushri BHARTI MALA & VIDHAN JHA who is suffering from the disease/syndrome/disability B.L.P. Porcut cystic liver Beta Thalassemia Trait & Bulky Ulcers & Haemorrhages and in my opinion he/she may require frequent hospitalization for treatment/management.

II. I also verify that Sri/Smt./Sushri BHARTI MALA & VIDHAN JHA is suffering from the disease/syndrome/disability/disorder A.D.H.D/learning disability and the disease(s) find(s) mentioned at paragraph no. XII & IV of the Annexure-I enclosed herewith.

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 Grantambudha, Nagor, Hapur, Meerut

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 06 months only.

Handwritten signature and date 23/12/2024 with official stamp of District Paramshiksha Officer, Pilibhit.

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

Name: ... ID No.: ... Designation: मुख्य चिकित्साधिकारी Telephone No.: पिलीभीत Mobile No.: ...

- 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.



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SUNDAY OFF (रविवार अवकाश)

OPD Timing:-
10:00 am to 2:30 pm

Dr. Jayant Sharma *PMP*

M.S. Diploma of Urology (London)
Ph.D. (Urology)
Fellow C.G.P.
Fellow A.M.S.
Urologist, Andrologist & Laproscopist
MCI-37868

Dr. Divya Chaudhary

M.S. (OBG)
Fellow C.G.P.
Fellow A.M.S.
Fertility Specialist, Gynecologist
Laparoscopist
MCI-37480

Dr. Amit Agarwal *WMP*

M.S. MCh. (Burn & Plastic)
MCI-1656

Dr. Pawan Agarwal

DLO (ENT)
MCI-86842

Dr. Anurag Gupta

M.D. (Anaesthesia)
MCI-17456

Dr. Mahesh Srivastava

M.D. (Radio Oncology)
MCI-41979

Dr. Pawan Varshney

M.D. (T.B. & Chest)
UP MCI-38481

Dr. Manish Kumar

M.D. (T.B. & Chest)
MCI-18076

Dr. R. Kumar

M.D. (Path)
MCI-046264

Dr. Alok Kulshrestha

MD (Med.) DCH

Dr. Pankaj Kumar

D.C.H., (Pediatrics)
MCI-60759

Dr. Yogesh Pratap Singh

M.D., DA
Director Critical Care Unit
MCI-15-19853

Dr. Rahul Datta

M.B.B.S., D.A.
MCI/11-38397

Mrs Bharti Jha 40yrs/11/11/25
pt. on Etroxin 25mg
pt. taken treatment from Dharampuri
hospital for 10 days breast explained
prognosis

- Sitroxin 75/100 alternate day
- Tab. Tranexa MF 70
(or Menobax MF) 6
x 5 days

- Tab. Reduled HB
x 1 month

- Cap D V 60k once
a week x
3 months

- Tab. Estroples

Strascher
P2 L2
Both by LGS

Dr. Sunil Mittal
LT onay
shows -
57 x 45 mm

size - haemorrhagic
cyst / thick
fluid fill

cyst
fluid fill
cyst

Hb = 8g/dl
TLC = 5 x 10³ mm³
✓APLC for
haemophilius

Chief Medical Officer Signed
0
x 21 days
on 7 days

Services : ● General Surgery / Lap. Surgery ● OBS & Gynae ● Urology - TURP, URSL, PCNL ● Advanced Laparoscopic Hysterectomy, Myomectomy, TCRE, Vaginal Hyst. ● Complete Solution for Infertility - Like Tubal Cannulation, Tubal Recanalization ● Hysteroscopy, IUI, IVF, ICSI, FESA, MESA ● TESA, VEA, SPERM BANKING ● Dedicated Burn Centre & ICU ● Cardiology ● Neuro Surgery ● Plastic Surgery ● GI Endoscopy ● Complete Diagnostic Setup ● Ambulance Facility

● इस पर्चा में लिखी औषधियाँ तथा परामर्श मरीज के तत्कालीन रोग के उपचार और मरीज द्वारा बताये गये लक्षण के आधार पर हैं। ● सन्ध तथा उचित औषधि तथा बताये गये परहेज का पालन करना मरीज की जिम्मेदारी है। वैकल्पिक औषधि न लें। ● औषधि से सावधान न होने पर या कोई कोशानी होने पर तुरन्त सम्पर्क करें तथा जाँच कराएँ। ● बिना डॉक्टर की सलाह के औषधि का घटना-बढ़ना या बन्द न करें। ● दवा के प्रतिबन्धन प्रभाव मरीज को परामर्श के समय बता दिये गये हैं। ● रोग अथवा इलाज सम्बन्धी समस्या छान (यदि कोई है तो) डॉक्टर से परामर्श लेते समय ही दूर कर लें। यह पर्चा केवल धिकित्सक उपयोग के लिए है।
यह पर्चा 4 दिन तक मान्य है और 5वें दिन बनेगा।

12/11/22
Adu -

LBC & PUNE - NILM

repeat again for
another cycle

not detected
Mammography
both breasts

Regular Exercise

18/12/23

h
h

Estrogen 21 for 21 days
7 days off
gap 7 days & then
start again from
Saturday new pack
x 3 cycles

11/11/23
TSH: 5.61 μ U/ml
(it was on 75 mg of Eltroxin)

For daughter

HPV vaccination

0, 2, 6 months

BP - 110/80 mmHg
wt - 81 kg
Puls - 80/min
SpO2 98%

DEPARTMENT OF RADIO-DIAGNOSIS



J.N. MEDICAL COLLEGE HOSPITAL ALIGARH MUSLIM UNIVERSITY, ALIGARH

- DIGITAL X-RAY
- COLOUR DOPPLER
- ULTRASOUND

Pt. ID No. _____

Name Bharti Mala Age 39 yr Sex F

Ward / O.P.D. / Casualty _____

Date 21/02/24

Examination _____

PLEASE DO NOT FOLD



DEPARTMENT OF RADIO-DIAGNOSIS

Jawaharlal Nehru Medical College & Hospital
Aligarh Muslim University, Aligarh

IMAGING REPORT

nt Name: BHARTI MALA
ID: P 393

Age/sex: 39(Y)/F
DATE-21-02-24

General Information:

- * Sensitivity of mammography goes down if the breasts have dense parenchyma.
- * Screening mammography is advisable for all women above the age of 40 yrs.

MAMMOGRAPHY

MAMMOGRAPHY OF B/L BREAST IN CRANIO- CAUDAL AND MEDIO-LATERAL OBLIQUE VIEW.

Mammography of bilateral breasts reveals normal B/L Breast tissue with dense heterogenous fibroglandular tissue (category-C)

No mass lesion or specks of calcification seen. Underlying pectoralis muscle appears normal. Coopers ligament appears normal. Skin and nipple appears normal.

Shows no significant lymphadenopathy.

ON USG SCREENING OF BILATERAL BREASTS

Shows few (~3) anechoic lesions with posterior acoustic enhancement with no internal echoes and septations s/o simple cysts involving left breast at

- 3' O clock position (~9.2 x 5 mm)
- 3' O clock position (~3.2 x 4.2 mm)
- 1-2' O clock position (~ 2.9 x 2.5 mm)

Shows dilated and prominent ducts (size of largest ~ 2.7 - 3 mm) at 10-11' O Clock position involving upper outer quadrant of right breast (duct ectasia)

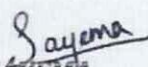
Overlying skin and subcutaneous tissue appear normal.

Underlying pectoralis muscle appears normal.

Shows no significant lymphadenopathy.

IMPRESSION: Findings are suggestive of:

- Few simple cysts involving left breast with prominent ducts involving right breast as described. (BIRADS 2)


Dr. SAYEMA
AP, RADIO-DIAGNOSIS

This report is not for medico legal purpose.

