

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

I... C.M.O. Dr. Alok Kumar... CMO/CMS, .. Pilibhit.  
have perused the documents presented before me by Sri  
[Name of the officer]. Rakesh Vashishtha ID No. UP6270 Designation . . . ADJ.  
. . . and place of posting . . . . . Pilibhit . . . . . OR on his behalf  
by Sri . . . . . Relation with the  
officer.....  
Phone no..... 9412297215.....

I. I have personally examined Sri/Smt./Sushri..... RAMESHWRI DEVI  
who is suffering from the disease/syndrome/ disability.....[Name of  
the disease] and in my opinion he/she may require frequent hospitalization for  
treatment/ management.

II. I also verify that Sri/ Smt./ Sushri..... RAMESHWARI DEVI  
is suffering from the disease/ Syndrome / disability/ disorder..... RHEUMATISM  
HEART DISEASE EPOSTRIAC.....and the disease(s) find(s) mention at paragraph no..... X.....  
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  
district 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 district namely..... MEERUTH, SAHARAPUR, MATHURA

V. I am aware that this document may be presented by the competent  
authority / applicant for further use by a competent Medical Board.

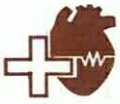
VI. This document shall be valid only for..... 0.6..... months only.

23/12/2024  
दीर्घ परामर्शदाता (विशेषज्ञ)  
जिला चिकित्सालय,  
पिलीभीत

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

Name: CMO DR. ALOK KUMAR  
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.



# METRO HOSPITALS & HEART INSTITUTE

(A unit of Metro Institutes of Medical Sciences Pvt. Ltd.)

CIN No : U00000DL1990PTC039293

OPD INITIAL ASSESSMENT

## DEPARTMENT OF CARDIOLOGY

QUALITY CERTIFICATIONS



H-2011-0069 KVQA M-0295

Pat. absent

NAME OF PATIENT

Mrs. Rameshwari Devi

AGE/SEX 72F

ID NO.

2018001471

10/2/2024  
DATE / IN TIME

PRESENT COMPLAINT :

INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED

PAST HISTORY :

RHD / PTMC - 16/2/18

NIC

AF & AVR

NUTRITIONAL SCREENING with BMI:

EF 45%

FAMILY HISTORY :

MVA - 1.9/1.4 Feb 2023

EXAMINATION :

Counter Signed

Chief Medical Officer

PLIBHIT

CBC/KFT/UPP  
PT/INR

DIAGNOSIS :

ECG / echo

DRUG ALLERGY :

M  
T. Dabigat 110y B1  
T. Calaplin SR (120) B1  
T. Lanoxin 0.15g 1/2 OD (6/7 day)  
T. Pantocid 40y SOS

X3 mlin

NUTRITIONAL SCREENING:-  Wt. Loss  Loss Of Appetite  Muscle Wasting  Delay Wound Healing  Lethargy  Decrease Mobility

Pain scale



0. NO PAIN



02 Mild Pain



04 Annoying Pain



06 Moderate Pain



08 Severe Pain



10 Worst Pain

FOR OPD APPOINTMENT: +91 98711 24095 (Cardiology)

Next Followup

OUT TIME

(DOCTOR SIGNATURE)

Cardiology Wing: X-1, Sector-12, Noida - 201301

Tel. : 0120-2533491, 2444466, 4366666 | Fax : 0120-2533487

Regd. Office : 21, Community Centre, Preet Vihar, Delhi - 110 092

Multispeciality Wing: L-94, Sector 11, Noida-201301

Tel. : 0120-2522959, 2442666 | Fax : 0120-2442555

MHHI/CL/0001 (Rev. No. 01)



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CIN No : U00000DL1990PTC039293

Par. Assent

OPD INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



## DEPARTMENT OF CARDIOLOGY

NAME OF PATIENT Mrs. Rameshwari Devi

AGE/SEX 72/F

ID NO. 2018001471

30/9/2023  
DATE / IN TIME

**PRESENT COMPLAINT :**

**INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED:**

Hb-10.6 / PL-2.86  
Wear 0.98  
INR-2.87 →

**PAST HISTORY :**

RHD / PTMC (16/2/18)

NC

AF & FVR

**NUTRITIONAL SCREENING with BMI:**

EC 45%

M

T. Dabigat 110 mg BD

9 → 8

T. Calaptin SR (120) BD

T. Lanoxin 0.25 g 1/2 BD  
(6/7 days)

**FAMILY HISTORY :**

**Counter Signed**

**EXAMINATION :**

Chief Medical Officer  
PILIBHIT

T. Pantbond 40 mg sus

x 5ml

PT/INR agi 10 days  
& inform

**DIAGNOSIS :**

**DRUG ALLERGY :**

NUTRITIONAL SCREENING:-  Wt. Loss  Loss Of Appetite  Muscle Wasting  Delay Wound Healing  Lethargy  Decrease Mobility

Pain scale



0. NO PAIN



02 Mild Pain



04 Annoying Pain



06 Moderate Pain



08 Severe Pain



10 Worst Pain

FOR OPD APPOINTMENT: +91 98711 24095 (Cardiology)

Next Followup:

Dr. ASHU AGGARWAL

OUT TIME:

Attending Cardiologist

MBBS, PGDCC (Cardiologist)

(DOCTOR SIGNATURE)

Metro Hospital & Heart Institute

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