

भारतीय गैर न्यायिक

दस
रुपये

TEN
RUPEES

10

Rs.10

भारत

सत्यमेव जयते

INDIA

INDIA NON JUDICIAL

CANCELLED
NOTARIAL

NOTARIAL

उत्तर प्रदेश UTTAR PRADESH

S.N. 635 YEAR 2024

92AE 632563

समक्ष,

महानिबन्धक,

माननीय उच्च न्यायालय,

इलाहाबाद (प्रयागराज)।

शपथ-पत्र

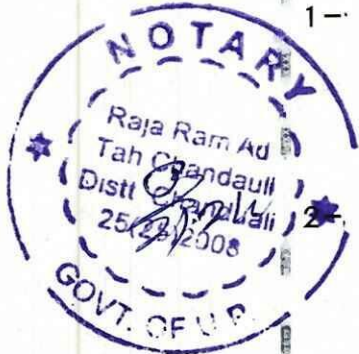
शपथ द्वारा दीपक कुमार मिश्र उम्र लगभग 40 वर्ष पुत्र श्री रमाकान्त मिश्र
निवासी म0नं0-9/114/3 योजना संख्या 3 झूसी प्रयागराज।

..... / शपथकर्ता

शपथकर्ता सशपथ बयान देता है कि-

1- यह कि शपथकर्ता वर्तमान में चन्दौली जिले में मुख्य न्यायिक मजिस्ट्रेट
के पद पर कार्यरत है। शपथकर्ता लगभग दो वर्ष से चन्दौली जिले
में कार्यरत है।

यह कि शपथकर्ता की माँ श्रीमती शैल कुमारी मिश्र उम्र लगभग 64 वर्ष
के दोनों घुटने पूरी तरह से खराब चल रहे थे। चलना-फिरना मुश्किल हो
गया तो नोएडा में दिनांक-11.12.2023 को कैलाश हास्पिटल में अपनी



Deeksh Kumar Mishra

11/12/23

माँ को दिखलवाया तो सर्जरी की आवश्यकता की सलाह दी गयी। दूसरे अस्पताल जिला संयुक्त अस्पताल गौतमबुद्ध नगर में दिनांक-13.12.2023 को भी सलाह हेतु दिखलवाया वहाँ भी पूर्ण घुटना प्रत्यारोपण की सलाह दी गयी।

3- यह कि शपथकर्ता के पिता शपथकर्ता की माँ को गौतमबुद्ध नगर से हरिद्वार दिनांक-20.12.2023 को ले जा रहे थे, जैसे ही मुजफ्फर नगर शहर पहुँचे कि शपथकर्ता की माँ के घुटने में जोर दर्द उठा तो स्थानीय अस्पताल वर्धमान ट्रामा एण्ड लेप्रोस्कोपी सेन्टर प्रा0 लि0 में दिखा कर इलाज प्रारम्भ कर दिया। दिनांक-02.01.2024 को उस अस्पताल में भर्ती कराना पड़ा नी-रिप्लेसमेन्ट मेजर आपरेशन होने से समय-समय पर उस अस्पताल में दिखाना पड़ता है। घुटने के मेटल व कृत्रिम पार्ट से जटिलता उत्पन्न होने का खतरा बना रहता है। मूल अभिलेख शपथकर्ता के पिता द्वारा मेडिकल रि-इम्बर्समेन्ट में प्रस्तुत होगा।

4- यह कि शपथकर्ता के पिता 68 वर्ष के वृद्ध है। शपथकर्ता को ही अपनी माँ के इलाज व देखभाल हेतु उन्हें अपने पास रखना होगा इसलिए मुजफ्फर नगर जिले के आस-पास के जिले में शपथकर्ता को स्थानान्तरित किये जाने की आवश्यकता है।

5- यह कि शपथकर्ता के परिवार में 34 वर्षीय पत्नी, 07 वर्ष का एक पुत्र व 03 वर्ष का दूसरा पुत्र है तथा माता-पिता प्रयागराज में रहते हैं। पिता सेवानिवृत्ति न्यायिक अधिकारी / पेंशनर है। शपथकर्ता ही अपने माता-पिता की देखभाल करता है। शपथकर्ता का एक बड़ा भाई राकेश कुमार अपने परिवार के साथ गौतमबुद्ध नगर में जीविका के लिए संघर्षरत है।

दिनांक-21.02.2024

सत्यापन

शपथकर्ता शपथपत्र के प्रस्तर 1 5 की अर्न्तवस्तु / कथन मेरे व्यक्तिगत ज्ञान में एव सच व सही है। उसमें कुछ छिपाया नहीं गया है।

दिनांक-21.02.2024

शपथकर्ता

शपथकर्ता



Oathd by Deponent before me and Conncalled by Advnocate

Mr.

Raja Ram Advocate

Notary Govt. of U.P. Chandauli

21/2/24



C.S.
12/02/2024

Dr. Mukesh Jain
CONSULTANT ORTHOPAEDIC SURGEON

Dr. Anubhav Jain
CONSULTANT ORTHOPAEDIC &
JOINT REPLACEMENT SURGEON

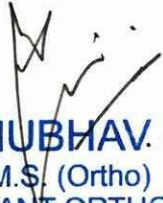
Dr. Siddhant Jain
TRAUMA & ARTHROSCOPY SURGEON

Dated:-12.02.2024

To Whom So Ever It May Concern

This is to certify that Mrs. Shail Kumari Mishra age 63yrs/F W/O Mr. Rama Kant Mishra R/O 9/144/3 Avas Vikas Youjna-3 Jhunsi Allahabad (U.P.) Patient seen in OPD on 20/12/2023 as a case of O.A. Both Knee was admitted in our hospital on 02.01.2024 and DOS-03/01/2024. Patient is under my treatment with instruction of continue follow up.

Countersigned
12/02/2024
Chief Medical Officer
Muzaffarnagar
12/02/2024


Dr. ANUBHAV JAIN
M.S. (Ortho)
CONSULTANT ORTHOPAEDIC
Reg. No-UP81597



OPD Payment Receipt

UHID : VH-15576/2023 OPD ID: OP-32607

Name : Mrs. SHAIL KUMARI MISHRA

S/D/W/o: Mr. RAMA KANT MISHRA

Age/DOB : 64Y /

Gen/Mobile No. : Female / 9540028880

Address : 9/114/3 AVAS VIKAS YOUJNA-3 PRYAGRAJ
ALLAHABAD UTTAR PRADESH

Receipt No.: 33409

Date: 20-Dec-2023 10:12:47 AM

TPA / Category : NA / Cash

Department: ORTHOPEDIC & JOINT REPLACEMENT

Doctor: ANUBHAV JAIN

Software User: Sonal

S.No.	Particular	Mode	Amount(Rs)
1	Consultation Fee	Cash	1,200.00
Paid Amount (Rupees One Thousand Two Hundred Only)			1,200.00

Received with thanks Rs. 1200/- from Mrs. SHAIL KUMARI MISHRA.

Designed by www.softcure.in

Dr. ANUBHAV JAIN
M.S. (Ortho)
CONSULTANT ORTHOPAEDIC
Reg. No-UP81597

Authorized Signature





vardhman

TRAUMA & LAPAROSCOPY CENTRE PVT. LTD.



UHID : VH-15576/2023

Date : 20-Dec-2023



Dr. Mukesh Jain

CONSULTANT ORTHOPAEDIC SURGEON

Dr. Anubhav Jain

CONSULTANT ORTHOPAEDIC & JOINT REPLACEMENT SURGEON

Dr. Siddhant Jain

TRAUMA & ARTHROSCOPY SURGEON

Name : Mrs. SHAIL KUMARI MISHRA 64Y / Female

Mobile : 9540028880 (Previous Visit: NA)

Address : 9/114/3 AVAS VIKAS YOUJNA-3 PRYAGRAJ ALLAHABAD UTTAR PRADESH

BP(mmHg): 213/109 SPO₂(%): 99 Pulse(bpm): 75

Pain Score: 5 (Score 0: No Pain, 1-3 Mild Pain, 4-7 Moderate Pain, 8-10 Severe Pain)

CHIEF COMPLAINTS : BOTH KNEE PAIN CHRONIC

MEDICAL ILLNESS : DM, HTN

INVESTIGATION FINDINGS : X-RAY SHOWS OA BOTH KNEES

S.No.	Medicine	Frequency	Duration
1.	TAB GEMCAL DS	1-0-0	30 DAYS
2.	TAB REBILD	1-0-0	30 DAY(S)
3.	TAB SAFEPAIN	1-0-0	30 DAY(S)
4.	TAB D3 BEST SACHET	WEEKLY	3 MONTH(S)

DRUG ALLERGY : NIL

INSTRUCTION(S) : WALKING ALLOWED

KNEE EXERCISES

SOS KNEE REPLACEMENT

Admit
21/12/2023
10:30 AM.

7*

7500360994
Gaurav

→ SA Profile
HG, AC
→ Stress Echo / PAC

Please come after days.

Dr. ANUBHAV JAIN
(M.S. (ORTHO))
VTLC/SHEET/OPD/ORTHO/2022/VER2.0
CONSULTANT OF THOPAEDIC
R 1597

Printed on: 20-Dec-2023 10:17:29 AM

Printed by: Neeraj

Designed by www.softcure.in

For Problems : dranubhav86@gmail.com

For Appointment : opdvardhmanhospital@gmail.com

3rd Km., Jansath Road, Muzaffarnagar-251001 (U.P.)

Reg. Office : C-209, Defence Colony, New Delhi-110024, India

www.vardhmanhospital.com

7830803084 / 7830803085 / 9219416543

OPD Registration : 3 PM. to 6 PM. 9219456235

Saturday & Sunday Closed

Name	: Mrs. SHAIL KUMARI MISHRA	Billing Date	: 20/12/2023 12:07:24 PM
Age/Gender	: 64 Yrs/Female	Sample Collected on	: 20/12/2023 12:07:54 PM
P. ID No.	: 111020231220705	Sample Received on	: 20/12/2023 12:25:59 PM
Accession No	: 1110202312200023	Report Released on	: 20/12/2023 01:49:50 PM
Referring Doctor	: Dr Anubhav Jain	UNIQUE HOSPITAL ID	: 15576
Referred By	:		

Report Status -Final

Test Name	Result	Biological Ref. Interval	Unit
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SURGICAL PROFILE ADVANCE

BIOCHEMISTRY

Glucose Random

Sample : Plasma Fluoride - Random
Method : Hexokinase

Glucose, Random	99.55	70.00 - 140.00	mg/dL
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Liver Function Test Extended

Sample : Serum

Bilirubin Total	0.73	0.00 - 1.20	mg/dL
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Method : Spectrophotometry

Bilirubin Direct	0.25 H	0.00 - 0.20	mg/dL
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Method : Spectrophotometry

Serum Bilirubin (Indirect)	0.48	0.00 - 0.90	mg/dL
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Method : Calculated.

SGOT / AST	22.25	0.00 - 32.00	U/L
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Method : Spectrophotometry

SGPT / ALT	21.10	0.00 - 33.00	U/L
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Method : Spectrophotometry

Alkaline Phosphatase	145.21 H	35.00 - 104.00	U/L
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Method : Spectrophotometry

Lactate Dehydrogenase (LDH)	228.43	225.00 - 450.00	U/L
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Method : Spectrophotometry

Gamma-Glutamyl Transferase (GGT)	24.71	6.00 - 42.00	U/L
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Method : Spectrophotometry

Total Protein	7.78	6.40 - 8.30	gm/dL
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1110202312200023

PHARMACOLOGICAL STRESS ECHOCARDIOGRAM STUDY

Patient's Name	Mrs Shail Kumari Mishra	Indication of test	PAC
Age/Sex	64 years Female	Echo window	Fair
Address	Allahabad	Heart rate	Sinus, 50 bpm
Date of Examination	20/12/2023	Referred by	Dr Anubhav Jain (MS)

RESTING M-MODE DIMENSIONS

Left Atrium	31 mm
Left Ventricle	41 / 25 mm (End-Diastolic / End-Systolic)
Interventricular septum	09 / 14 mm (End-Diastolic / End-Systolic)
LV posterior wall	09 / 14 mm (End-Diastolic / End-Systolic)
Aorta	24 mm
Right Atrium	25 mm
Right Ventricle	22 mm
Inferior Vena Cava	07 mm with >50% respiratory variation

RESTING 2D ECHO & DOPPLER INFORMATION

LV Regional Wall Motion	No regional wall motion abnormality		
Ejection fraction %	56% (Modified Simpson's SP4 method)	EDV 52 ml	ESV 29 ml
Diastolic function	Grade 1 diastolic dysfunction	MV E/A = 0.9; MV Annular e' < a' MV E/e' 8.2	
RV Function	Normal systolic function		TAPSE 18 mm
Mitral valve	AML normal PML normal	No stenosis Max E Vel 66 cm/s Max A Vel 75 cm/s MG mmHg MVA	No regurgitation Jet Area Max Vel
Aortic Valve	Tricuspid, normal	No stenosis / No LVOTO Max Vel PG 11 mmHg MG	No Regurgitation PHT
Tricuspid Valve	Structurally Normal	No Stenosis Max Vel cm/s PG mmHg	Trivial eccentric regurgitation Jet Area 1.1 sq.cm Max Vel PG 15 mmHg
Pulmonary Valve	Structurally Normal	No stenosis Max Vel 108 cm/s PG 4 mmHg MG	No regurgitation PHT Jet width
Pulmonary pressures	No PH – PASP 25 mmHg		
Interatrial septum	Intact		
Interventricular septum	Intact		
Aorta, Ductus	Normal left sided arch / No coarctation / No PDA		
Pericardium	Normal, No Pericardial effusion		
Mass/Thrombus/Vegetation	No Mass / Thrombus / Vegetation		



Vardhman Trauma & Laparoscopy Centre Pvt Ltd

3rd KM, JANSATH ROAD, MUZAFFARNAGAR-251001



PAN No. AAACV3316K GSTIN : 09AAACV3316K1Z9 CIN : U85110DL1996PTC079982

Helpline No. 92194 16543, 92194 56235, 78308 03084

Email: vardhmanhospitalmzn@gmail.com Web: www.vardhmanhospital.com

Receipt Summary

Name : Mrs. SHAIL KUMARI MISHRA

Gen/Mobile : Female / 9540028880

Address : 9/114/3 AVAS VIKAS YOUJNA-3 JHUNSI
ALLAHABAD

IPD No. IP-2875/2024 UHID : VH-15576/2023

Admission Date: 02-Jan-2024 11:56:12AM

Department : ORTHOPEDIC & JOINT REPLACEMENT

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	02-Jan-2024	7315	ADVANCE	Online -EFT SBI	400,000.00
2.	02-Jan-2024	7316	ADVANCE	Cash	100,000.00
Total Amount Rupees Five Lakh Only					500,000.00

Designed by www.softcure.in

PAID

Dr. ANUBHAV JAIN
M.S. (Ortho)
CONSULTANT ORTHOPAEDIC
Reg. No-UP81597



All Report OK.

Name : Mrs. SHAIL KUMARI
Age/Gender : 63 Yrs/Female
P. ID No. : 11102024106259
Accession No : **111020241060012**
Referring Doctor : Dr Anubhav Jain
Referred By :

Billing Date : 06/01/2024 10:15:03 AM
Sample Collected on : 06/01/2024 10:15:47 AM
Sample Received on : 06/01/2024 10:47:16 AM
Report Released on : 06/01/2024 11:27:44 AM

Report Status -Preliminary

Test Name	Result	Biological Ref. Interval	Unit
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LIVER & KIDNEY PROFILE

BIOCHEMISTRY

Liver Function Test (LFT)

Sample : Serum

Bilirubin Total Method : Spectrophotometry	1.00	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Spectrophotometry	0.41 H	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.59	0.00 - 0.90	mg/dL
SGOT / AST Method : Spectrophotometry	33.78 H	0.00 - 32.00	U/L
SGPT / ALT Method : Spectrophotometry	24.68	0.00 - 33.00	U/L
AST / ALT Ratio Method : Calculated	1.37	-	Ratio
Alkaline Phosphatase Method : Spectrophotometry	96.05	35.00 - 104.00	U/L
Total Protein Method : Spectrophotometry	5.74 L	6.40 - 8.30	gm/dL
Albumin Method : Spectrophotometry	3.48 L	3.97 - 4.94	gm/dL
Globulin Method : Calculated	2.26	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.54	1.00 - 2.10	Ratio



111020241060012



Vardhman Trauma & Laparoscopy Centre Pvt Ltd

3rd KM, JANSATH ROAD, MUZAFFARNAGAR-251001



PAN No. AAACV3316K GSTIN : 09AAACV3316K1Z9 CIN : U85110DL1996PTC079982

Helpline No. 92194 16543, 92194 56235, 78308 03084

Email: vardhmanhospitalmzn@gmail.com Web: www.vardhmanhospital.com

Final Detail Bill/Healthcare Services HSN Code:999312



IPD No: IP-2875/2024

UHID : VH-15576/2023

Patient Name: Mrs. SHAIL KUMARI MISHRA

S/D/W/O: Mr. RAMA KANT MISHRA

Age/Sex/Marital: 63Y 6M 1D/Female/Married

Address: 9/114/3 AVAS VIKAS YOUJNA-3 JHUNSI
ALLAHABAD -ALLAHABAD UTTAR PRADESH

Contact No: 9540028880

Bill No: 02858 Date : 09-Jan-2024 10:36:32 AM

Insurance Co.: NA

TPA/Panel : NA

Department : ORTHOPEDIC & JOINT REPLACEMENT

Doctor: ANUBHAV JAIN

Allocation : 3RD FLOOR -PRIVATE ROOM No : 303

Admission Date: 02-Jan-2024 11:56:12AM

S.No.	Code	Particular	Rate (Rs)	Unit	Amount (Rs)
Room Charges					
1	V-1	AC PRIVATE ROOM	5000	6	30,000.00
Nursing Charges					
2	V-29	NURSING CARE CHARGES	1000	6	6,000.00
ICU/NICU/PICU Charges					
3	V-10	ICU CARE CHARGES	15000	1	15,000.00
OT Charges					
4	V-30	OT CHARGES	40000	1	40,000.00
5	GAS	OT GAS CHARGES	2000	1	2,000.00
Visit Charges					
6	V-5	VISIT CHARGES	1000	12	12,000.00
OPERATION CHARGES					
7	V-11	IMPLANT COST	73500	2	147,000.00
8	V-34	SURGEON CHARGES	85000	2	170,000.00
9	V-6	DRUG AND DISPOSABLE	20000	1	20,000.00
10	V-3	ASSISTANT SURGEON CHARGE	14000	2	28,000.00
Anaesthetists Fees					
11	V-2	ANESTHESIA CHARGES	30000	1	30,000.00
Gross Amount (Rs)					500,000.00
Total Bill Amount (Rs)					500,000.00
Rupees Five Lakh Only					
Amount Paid (Rs)					500,000.00
Balance Payable Amount (Rs)					0.00
Rupees Only					

-:Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	02-Jan-2024	7315	ADVANCE	Online -EFT SBI	400,000.00
2.	02-Jan-2024	7316	ADVANCE	Cash	100,000.00
Total Amount Paid Rupees Five Lakh Only					500,000.00

Patient/Attendant Signature

Dr. ANUBHAV JAIN
M.S. (Ortho)
CONSULTANT ORTHOPAEDIC
F. No. 281597



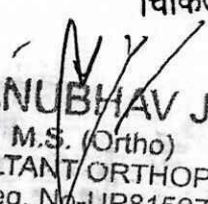
(madhu)

परिशिष्ट 'ड'

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती Shail Kumari Mishra
पुत्र/पति/पत्नी श्री Rama Kant Mishra
आयु 63 वर्ष
O. A. Both knee
रोग से पीड़ित हैं। इनका उपचार Varadhaman Hospital (चिकित्सालय का नाम)
में मरीज की अपरिहार्य परिस्थिति/आकस्मिकता को देखते हुये दिनांक 02/01/2024 से शुरू किया गया।

चिकित्सक का नाम व मुहर


Dr. ANUBHAV JAIN
M.S. (Ortho)
CONSULTANT ORTHOPAEDIC
Reg. No-UP81597



Vardhman Trauma & Laparoscopy Centre Pvt Ltd

3rd KM, JANSATH ROAD, MUZAFFARNAGAR-251001



PAN No. AAACV3316K GSTIN : 09AAACV3316K1Z9 CIN : U85110DL1996PTC079982

Helpline No. 92194 16543, 92194 56235, 78308 03084

Email: vardhmanhospitalmzn@gmail.com Web: www.vardhmanhospital.com

IPD Payment Receipt

IPD No. IP-2875/2024 UHID : VH-15576/2023

Receipt No : 7315

Name : Mrs. SHAIL KUMARI MISHRA

Date & Time: 02-Jan-2024 12:11:32 PM

Age/DOB : 63Y 6M 1D /01/7/1960

Admission Date: 02-Jan-2024 11:56:12AM

Gen/Mobile No. : Female / 9540028880

Department : ORTHOPEDIC & JOINT REPLACEMENT

Address : 9/114/3 AVAS VIKAS YOUJNA-3 JHUNSI
ALLAHABAD

Software User : Vaibhav

S. No.	Particular	Mode	Amount(Rs)
1	Advance	Online	400,000.00

Amount Rs.400000/- Mode: Online EFT SBI 28.12.2023

Designed by www.softcure.in

Authorized Signature



Vardhman Trauma & Laparoscopy Centre Pvt Ltd

3rd KM, JANSATH ROAD, MUZAFFARNAGAR-251001



PAN No. AAACV3316K GSTIN : 09AAACV3316K1Z9 CIN : U85110DL1996PTC079982

Helpline No. 92194 16543, 92194 56235, 78308 03084

Email: vardhmanhospitalmzn@gmail.com Web: www.vardhmanhospital.com

IPD Payment Receipt

IPD No. IP-2875/2024 UHID : VH-15576/2023

Receipt No : 7316

Name : Mrs. SHAIL KUMARI MISHRA

Date & Time: 02-Jan-2024 12:11:48 PM

Age/DOB : 63Y 6M 1D /01/7/1960

Admission Date: 02-Jan-2024 11:56:12AM

Gen/Mobile No. : Female / 9540028880

Department : ORTHOPEDIC & JOINT REPLACEMENT

Address : 9/114/3 AVAS VIKAS YOUJNA-3 JHUNSI
ALLAHABAD

Software User : Vaibhav

S. No.	Particular	Mode	Amount(Rs)
1	Advance	Cash	100,000.00

Received with thanks Rs.100000/- from Mrs. SHAIL KUMARI MISHRA. (Rupees One Lakh Only)

Designed by www.softcure.in

Authorized Signature

17/1/23

s/a done ok
Atk slowly at day time
1a pack 10-10-10
Exercise as advised.
Continued same medication

CHART LABEL
REF 71422823
LOT 23AB01254
ANTHEM®
SIZE 3N, RIGHT
POSTERIOR STABILIZED NONPOROUS FEMORAL COMPONENT
A/P 54MM, M/L 58MM
CO-CR

STERILE R
smith&nephew
2033-01-26

G90H0000AA; 6
(11) 230129

To. care of 3/2
X

CHART-STIK® LABEL
REF 71420180
LOT 23DB00050
GENESIS® II RIGHT
NON-POROUS
TIBIAL BASEPLATE

STERILE R
smith&nephew
2033-04-02

T94HSTIK; 4
ATTACH TO PATIENT'S RECORD
(11) 230402

3/4/24
- Slowly - day
- Ice 10-10-10

CHART LABEL
REF 71453202
LOT 23ET74384
LEGION®
SIZE 1-2, 11MM
POSTERIOR STABILIZED HIGH FLEXION ARTICULAR INSERT
A/P 42MM, M/L 60MM
XLPE

STERILE EO
smith&nephew
2033-05-22

G90H0000AA; 6
(11) 230522

- Staircase
- E = 16y - 24yut.

CHART LABEL
REF 71422803
LOT 23EB00045
ANTHEM®
SIZE 3N, LEFT
POSTERIOR STABILIZED NONPOROUS FEMORAL COMPONENT
A/P 54MM, M/L 58MM
CO-CR

STERILE R
smith&nephew
2033-04-30

G90H0000AA; 6
(11) 230503

- Nausea 60
- Abled to
- Tregal NT
By best way

CHART-STIK® LABEL
REF 71420162
LOT 23EB00478
GENESIS® II LEFT
NON-POROUS
TIBIAL BASEPLATE

STERILE R
smith&nephew
2033-05-11

T94HSTIK; 4
ATTACH TO PATIENT'S RECORD
(11) 230511

CHART-STIK® LABEL
REF 71453203
LOT 22AM06738
LEGION® PS XLPE
HIGH FLEXION
ARTICULAR INSERT

STERILE EO
smith&nephew
2032-01-10

T94HSTIK; 4
ATTACH TO PATIENT'S RECORD
(11) 220112

Dr. ANUBHAV JAIN
M.S. (Ortho)
CONSULTANT ORTHOPAEDIC
F 201597
Room Clearance



Kailash Hospital

23 KP - 1, GREATER NOIDA - 201 310
Phones: 0120 - 353 33 33 / 232 77 99



UHID: 1542331	Reg. Date : 11/Dec/2023
Patient Name : SHAIL KUMARI	Bill No : OPD/G/23/101724
Age/Sex : 65 Female	Contact No : 9540028880
Company : General	Room No :
Consultant : Dr.BHARAT DURGIA (MBBS, MS) CONSULTANT ORTHOPAEDIC (Regn.No:DMC35922)	Reg. ID : 3491321
	Appointment No : 11

Timings : Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning : 10:30AM: 1:30P	10:30AM: 1:30P	10:30AM: 1:30P	10:30AM: 1:30P	10:30AM: 1:30P	10:30AM: 1:30P	-
Evening : 6PM: 8PM	6PM: 8PM	6PM: 8PM	6PM: 8PM	6PM: 8PM	6PM: 8PM	-

PROVISIONAL DIAGNOSIS :
BILATERAL KNEE OA GRADE IV
NEEDS SURGERY *(urgent)*

RX - DRUG :						
DYNAPAR QPS SPRAY	1	THRICE DAILY	LOCAL APPLICATION	5 DAYS		O X X
TAB ENZOFLAM	1 AFTER MEALS	TWICE DAILY	ORALLY	5 DAYS		O X X
REKOOL D CAP	1 BEFOER MEALS	ONCE A DAY	ORALLY	5 DAYS		O X X

ADVISED INVESTIGATIONS :
CBC, LFT, KFT, RBS,PT,INR, HBS AG, HIV I/II, HCV, CXR, ECG
ROUTINE URINE AND CULTURE SENSITIVITY CRP , ESR BLOOD GROUING, FBS; DSE, CARDIOLOGY CLEARANCE;
FASTING THYROID PROFILE, S VITAMIN D3, S VITAMIN B12 LEVELS *hba1c*

INSTRUCTIONS :

NEXT FOLLOW UP :
REVIEW SOS (IN EMERGENCY) AND REPORT TO HOSPITAL EMERGENCY DEPARTMENT

FOR HOME COLLECTION OF LAB SAMPLES PLEASE CALL 9711918167 & 01202484444
FOR HOME DELIVERY OF MEDICINE PLEASE CALL 7291998110

[Signature]
Dr.BHARAT DURGIA
 MBBS, MS
 CONSULTANT ORTHOPAEDIC
 RegNo: DMC35922

[Stamp]
 DR. BHARAT DURGIA
 MBBS, MS
 Regd. No: 35922
 Kailash Hospitals Ltd
 Greater Noida

कृपया अपने चिकित्सा पर्चे को रिकॉर्ड के लिए स्कैन करवायें।
Please get your prescription scanned for record.

HEALTH CARE PAR EXCELLENCE

Kailash Hospitals Ltd. CIN : U85110DL1998PLC092494

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096

E-mail : kailash.gnoida@kailashhospital.com

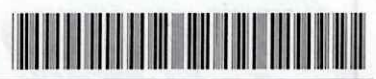
Website : www.kailashhealthcare.com



DISTRICT COMBINED HOSPITAL GB NAGAR
Sector39,GB Nagar, NOIDA-201301, Gautam Buddha Nagar, Uttar Pradesh, India

CR No: 992682303254927

OUT PATIENT CARD



Patient Name: SHAIL KUMARI MISHRA

Age/Sex: 64 Yr/F

W/O: RAMA KANT MISHRA

ABDM Health ID: NA

Address: Gautam Buddha Nagar,Uttar Pradesh,India Mobile: 9999999999

ABDM User ID :NA

Category: General

Fees: ₹1.00/-

Department/RoomNo: Orthopaedic / 9

OPD Days:Mon,Tue,Wed,Thu,Fri,Sat

Doctor/Unit: Orthopaedics General

Visit Date & Time: 13-Dec-2023 11:32

Valid Till: 28-Dec-2023

16

osteoarthritis of knee joint
Grade III

Need evaluation & treatment

(Need total knee replacement)

Rx
ECCG
X-ray knee
Case
RBS
PS LMR
Blood sugar
HT
KT
MNTBSA
HCU
CMT

Rx.

- analgesia
- physiotherapy
- Tadalafil
- Tadalafil
- Tadalafil
- Tadalafil
- Tadalafil

Need total knee replacement

Signature
District Combined Hospital GB Nagar

12/12/2023, 10:03 PM