

PROFORMA - I

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

I, DR. Manoj... [Name/Chaturvedi]... CMO/CMS, ... have perused the documents presented before me by Sri JIMANSHU KUMAR SIMAN [Name of the Officer]... ID No. UP/18/7. Designation... A.D.J. and place of posting... KANPUR DEHAT (RAMABAI NAGAR) on his behalf by Sri... Relation with the officer... Patna. Phone No. 9910319971.

- I. I have personally examined Sri/Smt./Sushri. RAJENDRA PAL SIMAN (72 years) who is suffering from the disease/syndrome/disability CORONARY ARTERY & DEGENERATIVE NEUROLOGICAL DISORDER [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. RAJENDRA PAL SIMAN... is suffering from the disease/syndrome/disability/disorder CORONARY ARTERY DISEASE & DEGENERATIVE NEUROLOGICAL DISORDER [Name of the disease]... and the disease(s) find(s) mention at paragraph no. 1 & 2 of the Annexure-1 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... LUCKNOW & NOIDA.
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... Six... months only.

Signature with seal (C.M.O./C.M.S.) Name: DR. Manoj Chaturvedi ID No.: Designation: C.M.S. MMA, Ghazipur Telephone No.: Mobile No.: 995873058

- 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



NAME OF PATIENT Mr. Rajender Pal

AGE/SEX 77M

ID NO. 2024001915 | 2012-5489

24/2/2024

DATE / IN TIME

PRESENT COMPLAINT :

Intermittent pain
Intermittent

INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED

27/10

Shyprasin
hand
to tremor.

Hb-12 | PC-1.56
HbA1c-5.6 TG-146

LP ⊖ HDL-27
KFC ⊖ LDL-80

B12-122
D3-11.5 TSU-1.37

PAST HISTORY :

CAD / old TMI
(21/8/12)

PTCA's CAD / RCA (2012)
Med way on

NUTRITIONAL SCREENING with BMI:

FAMILY HISTORY :

EXAMINATION :

Pulse - 94

BP - 150/90

Ech/echo

Ref. to neurologist

24/2/24
Chief Medical Superintende.
Distt. M.M.G. Hospital
Ghaziabad

DIAGNOSIS :

MRI Brain

T. Amlopres-AT (50) 1/2 OD
9A

Cap. Captopril Plus OD 9A
K3ml

Cap. Nurokind LC OD 9A
K3ml

Shelcal HD OD 2A

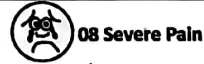
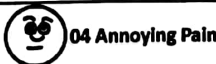
Cap. Upure D3 60K IU once
a week K 2ml

When once every year
K 6ml

DRUG ALLERGY :

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

Pain scale



FOR OPD APPOINTMENT: +91 98711 24095 (Cardiology)

Next Followup: K 6ml

OUT TIME

(DOCTOR SIGNATURE)

ANHU AGGARWAL
Attending Cardiology
Multispeciality Wing- L-94, Sector 11, Noida-201301
Tel: 0120-2522959, 2442666 | Fax: 0120-2442555
Metro Hospitals & Heart Institute
X-1, Sec-12, Noida-201301 (UP) MHHI/CL/0001 (Rev. No. 01)

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



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CIN No : U00000DL1990PTC039293

OPD INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



Dr. Ashutosh Singh

M.S., MCh, Urology, (AIIMS)

Head of Department

Sr. Consultant Urologist, Andrologist & Genitourinary Cancer Surgeon

OPD Timings : Mon to Sat: 10:00 am to 01:00 pm

Evening: 06:00 pm to 07:00 pm (By Appointment)

Regn. No.: 43405

Mob: +9199100 31676

Dr. Prabhat Ranjan

MBBS, M.S., MCh

Consultant - Urologist

OPD Timings : Mon to Sat: 5:00 pm to 07:00 pm

Regn. No.: DMC-60490

NAME OF PATIENT

Mr. Rajesh Kumar

AGE/SEX

77/M

ID NO.

DATE / IN TIME

24/2/24

INVESTIGATION / TREATMENT / PREVENTIVE CARE /
NUTRITION ADVISED

Rx
Vaccine in vaccine

US G KUB
with PVR

SPSA

Tab Contiflo 1000 - 1x
10 - 0 -

Tab Soliten - 100
10 - 0 -

(DOCTOR SIGNATURE)

[Handwritten Signature]

PRESENT COMPLAINT :

Urinary

PAST HISTORY:

FAMILY HISTORY:

EXAMINATION:

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 99104 92867

Next Followup:

OUT TIME

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




Dated : 24/02/24

TO WHOM IT MAY CONCERN

ID No. 2024001915

This is to certify that Mr. Rajender Pal, 77 yrs. old male, k/c/o CAD, old IWMI (31/08/2012), post PTCA to LAD/RCA (2012), mild LV dysfunction, degenerative and progressive neurological disorder is under regular treatment from our institute. In view of his disease, he has been advised long term medical treatment and regular follow-up with the treating Cardiologist/Neurologist.


DR. ASHU AGGARWAL
Attending Cardiologist
DR. ASHU AGGARWAL, MBBS, PGDCC (Cardiology)
ATTENDING CARDIOLOGIST
Metro Hospitals & Heart Institute
X-1, Sec-12, Noida-201301 (UP)

Cardiology Wing

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MHHI/CL/0115/Rev. No. 01

