

**From**

**Abhay Pratap Singh II**  
**Secretary DLSA /Additional District Judge**  
**Kasganj**

**To**

**Registrar General**  
**Hon'ble High Court of Judicature at**  
**Allahabad**

**Through**

**District Judge**  
**Kasganj**

**Subject:-Representation in compliance of the Hon'ble High Court's letter no.-73 /Admin (Services)/2024; Dated: February 8, 2024 and also in compliance of letter no.-94 /Admin (Services)/2024; Dated: February 19, 2024 in addition to application dated 21.12.23 of annual transfer, 2024**

**Respected Sir,**

1. It is my humble submission that the Hon'ble High Court issued a circular letter no.-73/Admin (Services)/2024; Dated February 8, 2024, regarding submission of certain documents in support of their grounds mentioned in the transfer application and also circular letter no-94/Admin (Services)/2024; Dated February 19, 2024

2. Sir, the Hon'ble High Court has directed to the Judicial Officers who are seeking transfer on the ground of serious/critical illness of their own/their parents/their family members, to submit the latest (not more than 6 months old) documents pertaining to treatment of their own/their parents/family members duly verified/ countersigned by the Chief Medical Officer of the concerned district and in case of medical ground of self, spouse or children, the officers shall specify the





district where the better medical treatment is available for the illness given in the application for transfer.

3. Sir, in compliance with the above mentioned directions, I would like to inform that the applicant wife is suffering from rare and critical disease called rheumatoid since past seven-eight years. Rheumatoid is a chronic auto-immune inflammatory disorder affecting many joints, including those in the hands and feet which requires constant medical diagnosis, tests and imaging. This disease may result in low red blood cell count, inflammations around lungs, heart etc and also cause multi organ failure if not properly treated regularly. Rheumatoid occurs when immune system mistakenly attacks your own body's tissue. It majorily affects the lining of joints, causing painfull swelling that can eventually result in bone erosion and joint deformity and it sometimes be life threatning due to multi organ failure.

4. That the treatment of my wife earlier was going on with one of the few DM qualified rheumatologist of the country Dr. (Lt General) Ved Chaturvedi. He is the senior most super specialist in rheumatology at Sir Ganga Ram hospital, Delhi and also under Dr. Sundeep Grover, MD, DM, clinical immunologist & rheumatologist practising at district Meerut. But at the moment my wife is under treatment of Dr. P.D. Rath, MD, Post graduate in rheumatology John Hopkins University (USA), Director and Head of Deptt Rheumatology, Max Super Speciality Hospital, Saket, Smart, panchsheel, New Delhi, who also sits at Noida also.

The drugs (DMARD'S) are not properly responding in my wife case due to severe aggravation of the disease, due to which now the doctor has suggested in her case for drug called Biologic modifiers which requires number of tests and vaccinations to be done before giving the aforesaid drug to the patient.

My wife is currently going under critical treatment and if i have been transfered to any farther place from Delhi in the upcoming annual transfer, her health will be hampered badly and also her going on treatment will be affected haphazardly.

My wife's consulting doctor Mr. P.D. Rath, leading rheumatologist practising in Gautam Budh Nagar certifies that she is suffering from severe refractory rheumatoid arthritis. She needs advanced therepy (Biologicals) to control her disease. Hence, she needs to follow up regularly with him in Gautam Budh Nagar for constant monitoring of her disease activity and tailoring of her treatment.

5. That in the absence of proper treatment and constant monitoring her health is deteriorating day by day.

6. That i am enclosing herewith the papers of medical checkup and treatment of my wife for kind perusal of the hon'ble court.

7. Sir, it is also my humble submission that my wife's drugs (DMARD'S) are not properly responding in my wife case due to severe aggravation of the disease, due to which now the doctor has suggested in her case for drug called Biologic modifiers which requires number of tests and vaccinations to be done before giving the aforesaid drug to the patient and also require frequent hospitalization, which can be only done in big cities like **Gautam Budh nagar, Ghaziabad, Meerut, Bareilly**

4



which have been preferred by me in the annual transfer form where **Rheumatologist doctors** are available.

8. Recently in the month of October my wife got **multiple fracture in left hand and leg**, due to which she undergone with surgery at **Yashoda Hospital, Ghaziabad**. Her treatment after that surgery is also going on from Yashoda Hospital

9. Sir, it is also to be informed that the applicant presently posted at Kasganj, which is D category district. Where neither such hospital for treatment nor any Rheumatologist were available, and due to which the undersigned had faced and still facing endless troubles, but the undersigned adjusting to the circumstances and discharging his duties towards family and institution.

10. Under the above circumstances, the undersigned is requesting you to please transfer the undersigned to any one of the above mentioned districts where Rheumatologist and Super Multispeciality Hospital is available for the treatment of autoimmune disease.

11. Sir, the desired affidavits in support of this representation related to the disease and treatment and concerned medical documents which are duly countersigned by Chief Medical Officer, Kasganj, are being sent for kind consideration of the Hon'ble High Court. Further, it is requested to you kindly place it before the Hon'ble High Court.

**With profound regards.**

**Date-28.02.2024**

Your' faithfully  
*Abhay Pratap Singh II*  
28/02/24  
(Abhay Pratap Singh II)  
A.D.J /Secretary, DLSA  
Kasganj  
H.C. I.D. NO- 1815

1. Certificate of Dr. P.D. Rath, Rheumatologist. (Anex-1)
2. Prescription prescribed by Dr. P.D. Rath, Rheumatologist. (Anex-2)
3. Current pathology report. (Anex-3)
4. Proforma -1 issued by C.M.O. Kasganj in compliance of Hon'ble Court letter no.circular letter no-94/Admin (Services)/2024; Dated February 19, 2024
5. Affidavit of Myself in compliance of Hon'ble Court letter no.circular letter no-73/Admin (Services)/2024; Dated February 08, 2024





उत्तर प्रदेश UTTAR PRADESH


90AE 612244

**Affidavit in support of application dated 21.12.23 with regard to Annual Transfer, 2024 in furtherence of Hon'ble court letter no. 73/Admin.(Services)/2024 Dated February 08,2024**

I Abhay Pratap Singh II, Secretary DLSA/ Additional District Judge Kasganj, resident of J-4, Judge compound, Durga colony, Kasganj, do hereby swear under oath that facts mentioned in the Para's 1 to 11 of application for annual transfer, 2024 dated 21.12.23 and Para's 1 to 11 of application annexed with this affidavit dated 28.02.24 and also the medical certificates annexed with that application of my wife critical illness( autoimmune disease rheumatoid with degenerative changes which are in progressive stage with chronic pain along with acute anaemia and hypothyroidism) are true and correct to my knowledge. As she require permanent follow up and frequent hospitalisation, the better medical treatment of my wife critical illness is possible in district Ghaziabad, Gautam Budh Nagar, Meerut and Bareilly, which is supported by CMO, Kasganj certificate dated 23.02.2024. In addition to that in the month of October my wife got multiple fracture in left hand and leg, due to which she undergone with surgery at Yashoda Hospital, Ghaziabad. Her treatment after that surgery is also going on from Yashoda Hospital

Date: 28.02.24

Name and Signature

  
Abhay Pratap Singh II  
Secretary DLSA/  
Additional District Judge,  
Kasganj  
HC ID no. UP1815



Per no-2075



# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

MD, FACR, FRCP (Edin), FRCP (Glasgow)  
FNIMS, FRCM, GCPR (UWA, AUS)  
DIPLOMA MSK ULTRASOUND (UCAM, SPAIN)  
POST GRADUATE CERTIFICATE IN (RHEUMATOLOGY)  
JOHN HOPKINS UNIVERSITY (USA)

### DIRECTOR & HEAD OF DEPTT RHEUMATOLOGY

MAX SUPER SPECIALITY HOSPITAL  
SAKET, SMART, PANCHSHEEL (NEW DELHI)

MEMBER BRITISH SOCIETY OF RHEUMATOLOGY  
MEMBER EUROPEAN LUPUS SOCIETY  
MEMBER NATIONAL OSTEOPOROSIS SOCIETY (UK)  
AESCULOP FELLOWSHIP (BRAUN) INTERVENTIONAL PAIN MANAGEMENT

### SPECIALIST IN

RHEUMATOID ARTHRITIS  
OSTEOARTHRITIS  
PSORIATIC ARTHRITIS  
ANKYLOSING SPONDYLITIS  
SLE  
SCLERODERMA  
GOUT  
OSTEOPOROSIS  
CHILDHOOD ARTHRITIS

### CONSULTANT AT

MAX HEALTH CARE, NEW DELHI  
SAKET  
PANCHSHEEL  
MAX SMART

Queries on 9818457413 Only  
Between 8:00am to 8:00pm  
No Queries on Sunday

BP-120/80  
SPO-99/1.  
PR-84/60  
wt-75kg

CAUTION  
RISK OF INFECTIONS/SIDE EFFECTS  
ON THESE MEDICATIONS EXPLAINED  
IN DETAIL

Shreelini Singh 41 F  
D RA Refractory 20/2/24  
Se. Sjogrens

11 Indoral  
10y B.D.

11. Igarahi 25y B.D.  
11. Bij Subnel soy S.C.  
once a week.

~~11. Subnel soy S.C.~~

11. Movonflex HD B.D.

11. PMO-D B.D.

11. PMO TBs sy B.D.

~~11. PMO TBs sy B.D.~~

11 Xstenua oral  
syg 1-2 syg.

### Dr. P. D. Rath

MD, FACR, FRCP (Edin), FRCP (Glasgow)  
FNIMS, FRCM, GCPR (UWA, AUS)  
DIPLOMA MSK USG (UCAM, SPAIN)  
Director & Head of Department - Rheumatology  
DMC REG No. 22141

Manu

140T-540T  
Sr/meahind  
RFI Audit CP  
DVA-2/1A

Fresh Reports to be Done Before  
every follow up as advised

AKSHAYAM HEALTH SERVICES

I TREAT, HE CURES


Not valid for medical legal purpose

The disease its prognosis, possible complications, treatment details and its complications have been explained to the patient in detail.

Name : Ms. SHALINI SINGH Age : 42 Years  
 Lab No. : 452307341 Gender : Female  
 Ref By : SELF Reported : 20/2/2024 8:54:26PM  
 Collected : 20/2/2024 1:06:00PM Report Status : Final  
 A/c Status : P Processed at : Dr. Lal Path Labs Ltd  
 Collected at : SINARCO PATHOLOGY Ramghat road ,Aligarh 202001  
 NEAR RAILWAY CROSSING PILI KOTHI ROAD  
 Soron,Kanshiram Nagar 207403

## Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>SwasthFit Super 2</b>			
<b>LIVER &amp; KIDNEY PANEL, SERUM</b> (Spectrophotometry, Indirect ISE)			
Creatinine	0.57	mg/dL	0.51 - 0.95
GFR Estimated	116	mL/min/1.73m2	>59
GFR Category	G1		
Urea	15.36	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	7.17	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	13		
Uric Acid	5.45	mg/dL	2.60 - 6.00
AST (SGOT)	29.4	U/L	<35
ALT (SGPT)	33.4	U/L	<35
GGTP	18.1	U/L	<38
Alkaline Phosphatase (ALP)	90.90	U/L	30 - 120
Bilirubin Total	0.46	mg/dL	0.30 - 1.20
Bilirubin Direct	0.09	mg/dL	<0.2
Bilirubin Indirect	0.37	mg/dL	<1.10
Total Protein	7.53	g/dL	6.40 - 8.30
Albumin	3.87	g/dL	3.50 - 5.20
A : G Ratio	1.06		0.90 - 2.00
Globulin(Calculated)	3.66	gm/dL	2.0 - 3.5
Calcium, Total	9.01	mg/dL	8.80 - 10.60

*self verified*  
  
 20/02/24





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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Phosphorus	4.02	mg/dL	2.40 - 4.40
Sodium	137.00	mEq/L	136.00 - 146.00
Potassium	4.25	mEq/L	3.50 - 5.10
Chloride	105.90	mEq/L	101.00 - 109.00

### LIPID SCREEN, SERUM (CHO-POD)

Cholesterol, Total	212.00	mg/dL	<200.00
Triglycerides	152.30	mg/dL	<150.00
HDL Cholesterol	44.80	mg/dL	>50.00
LDL Cholesterol, Calculated	136.74	mg/dL	<100.00
VLDL Cholesterol, Calculated	30.46	mg/dL	<30.00
Non-HDL Cholesterol	167	mg/dL	<130

### Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

### Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category A	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80



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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
High	<70	<100	≥70
Moderate	<100	<130	≥100
Low	<100	<130	≥130*

\*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

#### GLUCOSE, FASTING (F) (Hexokinase)

Glucose Fasting	107.50	mg/dL	70.00 - 100.00
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#### THYROID PROFILE, TOTAL, SERUM (CLIA)

T3, Total	2.45	ng/mL	0.70 - 2.04
T4, Total	12.77	µg/dL	5.74 - 13.03
TSH	2.82	µIU/mL	0.34 - 5.60

#### Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	5.2	%	4.00 - 5.60
Estimated average glucose (eAG)	103	mg/dL	

### Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

### Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

**Note:** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

*self verified*  
  
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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT; CBC</b> (SLS Method, Sheath Flow DC Detection Method, Fluorescent Flow Cytometry & Calculated )			
Hemoglobin	10.10	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	35.10	%	36.00 - 46.00
RBC Count	4.22	mill/mm3	3.80 - 4.80
MCV	83.20	fL	83.00 - 101.00
MCH	23.90	pg	27.00 - 32.00
MCHC	28.80	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	16.30	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.79	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	52.30	%	40.00 - 80.00
Lymphocytes	39.90	%	20.00 - 40.00
Monocytes	2.80	%	2.00 - 10.00
Eosinophils	4.60	%	1.00 - 6.00
Basophils	0.40	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	3.55	thou/mm3	2.00 - 7.00
Lymphocytes	2.71	thou/mm3	1.00 - 3.00
Monocytes	0.19	thou/mm3	0.20 - 1.00
Eosinophils	0.31	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	263	thou/mm3	150.00 - 410.00
Mean Platelet Volume	12.6	fL	6.5 - 12.0

**Note**

- As per the recommendation of International council for Standardization in Hematology, the differential

*self verified*  
  
 20/2/24





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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood			
2. Test conducted on EDTA whole blood			

*self verified*  
*[Signature]*  
*28/02/24*





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### Test Report

Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (CAPILLARY PHOTOMETRY)	51	mm/hr	0 - 20

#### Note

1. Test conducted on EDTA whole blood at 37°C
2. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	4.50	mg/L	<5.00
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#### Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

*Anu Agarwal*

Dr. Anu Agarwal  
 MD Pathology  
 Chief of Laboratory  
 Dr Lal PathLabs Ltd

*Megha*

Dr. Megha Kakkar  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 Dr Lal PathLabs Ltd

*Noora*

Dr Noora Saeed  
 MD, Pathology  
 Consultant Pathologist

-----End of report-----



*self verified  
 26/02/24*











hno-916

# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

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**CONSULTANT AT**  
MAX HEALTH CARE, NEW DELHI  
SAKET  
PANCHSHEEL  
MAX SMART

BP-130/80  
PR-106b/m  
SPO<sub>2</sub>-99.1

Shalini Singh LIT-  
DRT Referral 18/10/23  
Sec-Sjogrens

EMT

u- Tb Iguratix 250mg @ 2 weeks  
k- h- Entrel 500mg s.c once in 10 days  
k- S Inhibitor DS BD  
h- PAN-D @ Eculiz Steeg

**Dr. P. D. Rath**  
MD, FACR, FRCP (Edin), FRCP (Glasgow)  
FNIMS, FRCM, GCPR (UWA, AUS)  
DIPLOMA MSK USG (UCAM, SPAIN)  
Director & Head Of Department - Rheumatology  
DMC REG No. 22141

3 Mally - Pilo TBs 5mg 1/2 tab BD.  
CBC ESR  
CAP Stool  
SJM Swear

**CAUTION**  
RISK OF INFECTIONS/SIDE EFFECTS  
ON THESE MEDICATIONS EXPLAINED  
IN DETAIL

AKSHAYAM HEALTH SERVICES  
**I TREAT, HE CURES**

Not valid for medical legal purpose

The disease its prognosis, possible complications treatment details and its complications have been explained to the patient in details.



Aug 4785



# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

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SLE  
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GOUT  
OSTEOPOROSIS  
CHILDHOOD ARTHRITIS

## CONSULTANT AT

MAX HEALTH CARE, NEW DELHI  
SAKET  
PANCHSHEEL  
MAX SMART

BP140/90

PIR 107/mg  
SP02 98.1

11 NO ~~COXIB~~  
90y ses

Shukla's style - 41 F

D Rath Panchsheel 18/1/23

- 1. Iron-HD BD.
- 2. Thy Synthroid 50mg SC /week.
- 3. Thy Folitras 20mg SC /week (WED)
- 4. Thy Folite of NE /thurs /SAT
- 11. HES 300mg @
- 1. S Kolar 16 BD.
- 11. Dycorin 100mg BD.
- 11. Supracedil 10 @
- 11. Ume DS 60k /week
- 11. Crampac-D BD.
- 11. PNU-D @

D Rath  
MD, FACR, FRCP (Glasgow)  
FNIMS, FRCM, GCPR (USA, AUS)  
DIPLOMA MSK ULTRASOUND (UCAM, SPAIN)  
POST GRADUATE CERTIFICATE IN RHEUMATOLOGY  
JOHN HOPKINS UNIVERSITY (USA)

3 Months

USE ESR  
CMP SKEW  
DUM  
for week

CLINIC : 1477, Sector-37, Noida UP-201301

Timing : Mon, Fri 10:00 am to 12:30 pm. Tue, Thu, Sat 6:00pm-9:00 pm  
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AKSHAYAM HEALTH SERVICES

I TREAT, HE CURES

Not valid for medical legal purpose

The disease its prognosis, possible complications, treatment details and its complications have been explained to the patient in detail.



Reg. No - 4785



# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

MD, FACR, FRCP (Edin), FRCP (Glasgow)  
FNIMS, FRCM, GCPR (USA, AUS)  
DIPLOMA MSK ULTRASOUND (UCAM, SPAIN)  
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JOHN HOPKINS UNIVERSITY (USA)

### DIRECTOR & HEAD OF DEPTT RHEUMATOLOGY

MAX SUPER SPECIALITY HOSPITAL  
SAKET, SMART, PANCHSHEEL (NEW DELHI)

MEMBER BRITISH SOCIETY OF RHEUMATOLOGY  
MEMBER EUROPEAN LUPUS SOCIETY  
MEMBER NATIONAL OSTEOPOROSIS SOCIETY (UK)  
AESCULOP FELLOWSHIP (BRAUN) INTERVENTIONAL PAIN MANAGEMENT

### SPECIALIST IN

RHEUMATOID ARTHRITIS  
OSTEOARTHRITIS  
PSORIATIC ARTHRITIS  
ANKYLOSING SPONDYLITIS  
SLE  
SCLERODERMA  
GOUT  
OSTEOPOROSIS  
CHILDHOOD ARTHRITIS

### CONSULTANT AT

MAX HEALTH CARE, NEW DELHI  
SAKET  
PANCHSHEEL  
MAX SMART

BP 100/70  
PLR 11/dominant  
Spa 98/1

(1) - Stealini Sph. Age: 41 F

D Rth Refractory 9/3/22

UTRA  
✓

11. Inj Folic acid 2mg SC  
acc 2 weeks

11. Allegra 300mg @ 250mg  
11. Azithromycin 500mg 2x1  
14. ~~by SIMPSON~~  
by Subnet 300mg  
s.c 1 week

11. Folic acid 2mg SC  
acc 2 weeks

11. HES 300mg @

11. ~~by Subnet 300mg SC~~  
acc 2 weeks  
(HES)

Fit. (Mod) h

Immun

let Diet clerk

CBC ESR  
SLOT SENT  
to Micro

**CAUTION**  
RISK OF INFECTIONS/SIDE EFFECTS  
ON THESE MEDICATIONS EXPLAINED  
IN DETAIL

**Dr. P. D. Rath**  
MD, FACR, FRCP (Edin), FRCP (Glasgow)  
FNIMS, FRCM, GCPR (UWA, AUS)  
DIPLOMA MSK USG (UCAM, SPAIN)  
Director & Head Of Department - RHEUMATOLOGY  
DMC REG No. 22141

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CHILDHOOD ARTHRITIS

### CONSULTANT AT

MAX HEALTH CARE, NEW DELHI  
SAKET  
PANCHSHEEL  
MAX SMART

Shalini Singh 41F

Dr P D Rath

14/6/22

SLE-OA

CBE  
ESR  
SLOT  
SUN  
Dr. Curcumin

1

1

1. My Folic acid 20mg S.C /week (WED)

2. Folic acid 5mg daily EXCER WED

3. Hair file B.D.

4. My subcut 50mg S.C /week

5. HES 300mg

6. SMOCK DS B.D.

7. DyCein 50mg (N)  
+ 200mg  
(W) - (N)

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2

3 MARCH

CAUTION  
ON MEDICATIONS/SIDE EFFECTS  
EXPLAINED  
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