



NABH & NABL Accredited Hospital  
Member of Quality Council of India

SAHARA  
HOSPITAL

**Multi-disciplinary tertiary care hospital**



IPD

OPD

MHC

Discharge

Name ANIL MEHA Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

UHID \_\_\_\_\_ Ph./Mob. No. \_\_\_\_\_

Ward & Bed No. \_\_\_\_\_

Diagnosis \_\_\_\_\_

Consultant Incharge \_\_\_\_\_

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Sahara Hospital, Gomti Nagar, Lucknow**

OPD Registration: 0522 6782159 | Ambulance Service: 0522 6780001/02/14

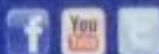
24x7 Helpdesk for Emergency & Trauma: 0522 6780001 | Telefax: 0522 6782110

**Master Health Check-up: 0522 6782111 - From 9am to 4pm (Sunday closed)**

website: [www.saharahospitals.com](http://www.saharahospitals.com) | e-mail: [hospital.simil@sahara.in](mailto:hospital.simil@sahara.in)

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SHLKD-20040135

SPID NO  
Patient Name : Mr. ANIL KUMAR MEHA  
Gender-Age  
Date of Birth : 22/03/2021  
Doctor Name : Dr. MANU RASTOGI, M.B.B.S., M.S., M.Ch., Med. Reg. No.: UPAC 39628  
Speciality : NEURO SURGEON



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### PRESCRIPTION SLIP

Chief Complaints

Dr. Manu Rastogi  
M.S., M.Ch.  
Consultant Neurosurgeon  
Sahara Hospital  
Ph. No. - 039628  
O.P.D. - Monday, Thursday, Saturday

Time-

Room No : T14 - THIRD FLOOR

Opv 15 mins stands  
egh... 9/12/21

Physical Examination

- Chest/Limb Physiotherapy
- Isometric Neck Exercises
- Spinal Extension Exercises
- Shoulder/Knee Exercises
- Vestibular Adaptation Exercises

Provisional Diagnosis

eg. Rext. This or ...  
Mannin B ...  
NUM or ...

Nutritional Assessment (whenever required)

Investigation  
P - 126/84  
BP - 89  
WT - 75kg

Other Aspects

SAHARA HOSPITAL, Viraj Khand, Gomti Nagar, Lucknow - 226010

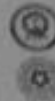
24x7 HOUR HELP DESK FOR EMERGENCY AND TRAUMA CARE CALL: 0522 6780001

OPD Registration and Appointment Call : 0522 6782159/63

24x7 हेल्प डेस्क  
वैद्यकीय एम्बुलेंस

Ret DR. Abhay Kumar Srivastava (Neuro)

OPD No: SHLKO-20040135  
Patient Name: Mr. ANIL KUMAR MEH  
Age: 56 Y, 2 M, 8 D  
Visit Date: 03/10/2020  
Doctor Name: Dr. MAZHAR HUSAIN, M.B.B.S, M.S., M.Ch, Med Reg. No: UPMC-20767  
Specialty: NEURO SURGEON



PRESCRIPTION SLIP

Time-

Room No : T14 - THIRD FLOOR

Chief complaints

- Difficulty in standing - 3 Day  
- Weakness of legs (continuous) - 4 months

Physical Examination

Provisional Diagnosis

△ PIVD L4-5  
e Cauda Equina  
Synd.

Nutritional Assessment (whenever required)

Adv  
MRI Lumbosacral spine

Investigation

Old MRI  
PIVD L4-5

Advise urgent  
MRI

Preventive Aspects

SAHARA HOSPITAL, Viraj Khand, Gomti Nagar, Lucknow-226010

24 HOURS HELP DESK FOR EMERGENCY AND TRAUMA CARE CALL: 0522 678000

दवाओं की विश्वसनीयता हेतु अस्पताल की फार्मसी से ही दवाएं लें।

For OPD Registration and Appointment, Call: 0522 6782159/63  
Telefax: +91 522 6782110, Website: www.saharahospitals.com

सुविधाएं- 24 x  
पेशाबीजी एवं

5  
CONSULTATION IS VALID FOR 5 DAYS, Monday to Saturday- 9 am to 4 pm  
Home Sample Pathology: 0522 6781841/1842

# SAHARA HOSPITAL

GOMTI NAGAR, LUCKNOW-226010  
(A unit of Sahara India Medical Institute Limited)



www.saharahospital.com



## DEPARTMENT OF NEUROSURGERY

### DISCHARGE SUMMARY

PATIENT NAME : Mr. ANIL KUMAR MEHA  
AGE : 58 Yrs.  
IP NO : 20/8311  
Date of Admission : 07/12/2020  
Address : 354/4 BANK COLONY, AMBIKA PUR,  
Admitting Consultant : Dr. MAZHAR HUSAIN  
(SURGEON)

UHID: 20040135  
SEX : MALE  
Father Name: MR VENI SINGH  
Date of Discharge: 15/12/2020  
-M.B.B.S., M.S., M.Ch (NEURO)

Final Diagnosis - L4-5 PIVD with Lumbar canal stenosis with Cauda equina syndrome

Co-morbidities - HTN

Presenting Complaints - Patient presented with difficulty in standing since 3 days

Physical Findings - Cauda Equina syndrome

Investigations - All handed over

Treatment - L4 laminectomy with L4-5 disectomy on 8/12/2020

Course in Hospital - Uneventful

Status on Discharge - Stable

Advice on Discharge - Tab. Cetil-CV 500mg BD x 3 days  
Tab. Protera 40mg OD x 10 days

Help desk: 0522-6780001 | Ambulance No. 0522-6780001/02/14 | MHC Packages 0522-6782111 | Email: hospital.simil@sahara.in | Website: www.saharahospital.com

Other Facilities: Cashless facility for Insured patients | 24x7 Services: Ambulance, MRI, CT Scan, Ultrasound & Digital X-Ray  
24x7 Pharmacy | Pathology Test-Sample collection from home | Cost effective Health Check-up Packages

Follow us on:





VIRAJ KHAND, GOMTI NAGAR, LUCKNOW-226010  
www.saharahospitals.com

No. 7944

**MEDICAL CERTIFICATE**

This is to certify that Mr./Mrs. Anil Kumar Meha (O.H.D-20040135) whose  
Signature / Thumb impression is affixed below, suffering from L4-5 PIVD admitted in  
hospital on 7/12/20 and

\*a. His/Her stay in the hospital is consider absolutely essential for .....  
..... days from .....

\*b. Was discharged on ..... and is fit to join  
his / her duty.

\*c. Was discharged on 15/12/2020 and is / was recommended  
convalescent leave for from 16/1/21 to 28/2/21 days from the date of discharge and would be fit for  
duty now from .....

(Patient cancelled in  
OPD on 16/1/21)

ISSUED

Physician & Surgeon Incharge

Chief of Neurosurgery  
Sahara Hospital, Lucknow  
For Appointment  
Contact: (STAMP)

\* Score out if not Applicable

Signature/ Thumb impression

Medical Office Incharge

Patient Attested

(STAMP)

Note: Certificate without signature of Doctor / IC is not valid.

Lab Medicine-Sahara Hospital

<b>UHID</b>	20040135	Receipt No	114365
<b>IP. No.</b>		Lab Ref No	2146697
<b>Name</b>	Mr. ANIL KUMAR MEHA	Sex/Age	Male/58 Yrs.
<b>Ward/Bed No.</b>	/	Referred By	DR. MAZHAR HUSAIN
<b>Sample Date</b>	07/12/2020 12:07 PM	Report Date	07/12/2020 12:31 PM
<b>Lab No</b>	ATL01571	Reporting Stage	Final

<b>TEST REPORT STATUS</b>	PROVISIONAL		
<b>TEST NAME</b>	<b>Result</b>	<b>UNIT</b>	<b>Ref.Range</b>

<b>COVID 19 ANTIGEN TEST*</b>		<b>SAMPLE ; NASAL SWAB</b>
COVID 19 ANTIGEN TEST*	NEGATIVE	

Remark: **ICMR: SAHOLUP**

- A positive test should be considered as a true positive and does not need confirmation by RT-PCR test.
- A negative test should be confirmed by RT-PCR to rule out infection.

Method :- Standard Q COVID-19 Ag (Rapid Point of care (PoC) Antigen Detection Test.

-----End of Report-----

*Admitted in  
Emergency ↓ 7/12/2020  
Dr. Mazhar  
Husain*

Dr. SURBHI GUPTA M.B.B.S., M.D.  
PATHOLOGIST SR. CONSULTANT

Report is not valid for Medico-Legal purpose.

The test marked with an "\*" sign are not accredited by NABL.

Please correlate clinically, Laboratory Medicine be contacted for any clinico-pathological discussion



Curing Through Care

VIRAJ KHAND, GOMTI NAGAR, LUCKNOW-226010  
www.saharahospitals.com

No. 7886

**MEDICAL CERTIFICATE**

This is to certify that Mr./Mrs. Anil Kumar Meha (UHID - 20040135) whose

Signature / Thumb impression is affixed below, suffering from L4-5 PIVD with Lumbar admitted in

hospital on 07/12/2020 and canal stenosis with Cauda Equina Syndrome.

\*a. His/Her stay in the hospital is consider absolutely essential for .....

..... days from .....

\*b. Was discharged on ..... and is fit to join

his / her duty.

\*c. Was discharged on 15/12/2020 and is / was recommended

convalescent leave for 15/01/2020 days from the date of discharge and would be fit for  
(Bed Rest)

duty now from .....

*Signature for Dr. Mazhar Husain*  
*(Signature)*

Signature/ Thumb impression

Professor Dr. Mazhar Husain

Director (Medical Health)

Sahara Hospital Lucknow

Medical Office Incharge

(STAMP)

*Signature for Dr. Mazhar Husain*  
ISSUED

Physician & Surgeon Incharge

Professor Dr. Mazhar Husain

M.S. M. Ch. (STAMP) (Surgery)

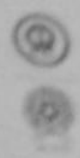
Director (Medical Health)

Sahara Hospital Lucknow

\* Score out if not Applicable

Note: Certificate without signature of Doctor / IC is not valid.

LHED No : SHLKO-20040135  
 Patient Name : Mr. ANIL KUMAR MEHA  
 Gender/Age : Male/58 Y - 3 M - 17 D  
 Visit Date : 24/01/2023  
 Doctor Name : Dr. HAZHAR HUSAIN, M.B.B.S, M.S., M.Ch., MCh  
 Specialty : NEURO SURGEON  
 Gender : SELF



**PRESCRIPTION CLIP**

Room No : T14 - THIRD FLOOR

Chief Complaints

Physical Examination

Provisional Diagnosis  
 PVD, L4-5  
 Cauda Equina Synd  
 opfd - 8/12/2020

Nutritional Assessment  
 (whenever required)

Investigation

Preventive Aspects

Rx  
 Tab NVM  
 TABXO  
 X 2 month  
 Tab NEUROVIN (5mg)  
 1x TDS  
 X Cap Flodast plus  
 1x OD - 0  
 1mg

Adv  
 - use Male Cath

- Bed Rest  
 for 1 1/2 month more  
 N.H.