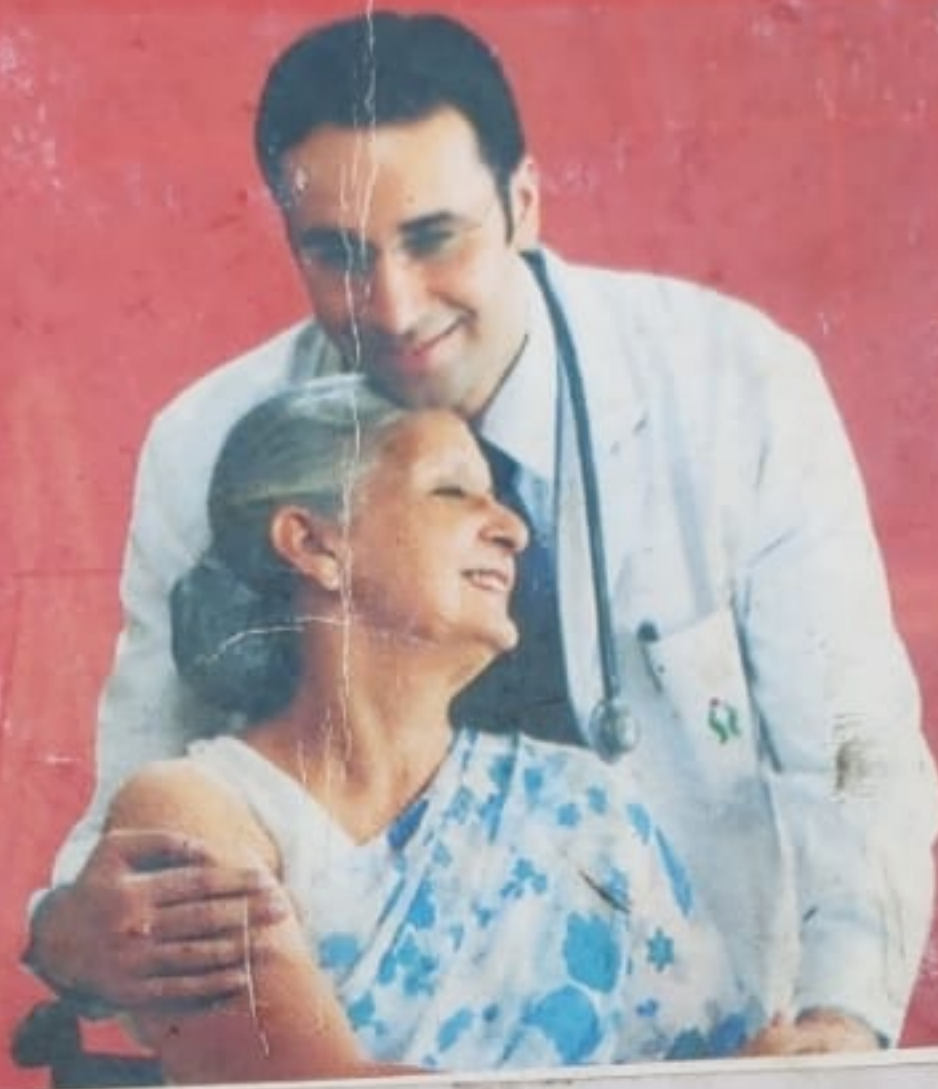


Out Patient Record

www.fortisescorts.in

Out Patient Record

Please Bring This Record With You



Date Name **OMKAR GANGWAR** Regn No **00508326**
F/H Name **J B LAL GANGWAR** Age/Sex **65 Year/Male**
Doc Name **DR. Z S MEHARWAL**

00508326
00508326

Address Bareilly (16.4.2014)

Phone No. **9415668426**

Booklet No. _____

25 years
of winning
hearts

Fortis Escorts
HEART INSTITUTE

Date 20/8/2021

Name of Patient _____

Weight : _____

B P : _____

Reg. No. _____

BMI : Low High Within limits

Pain Score (0-10) _____

Systemic Examination _____

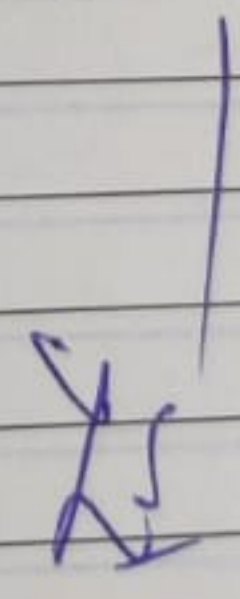
Investigations Advised _____

Investigations advised / results _____

Treatment Advised _____

Adv

CT Angro Coronaries



Tab Escorpin AV 75/20 1 m

Tab Metformin xR 25 mg qd

Tab Telmis 40 mg qd

Consultant Sign: _____

ID No. : _____

Dr. Rajiv Ranjan

MD (Med.), DM (Card.), FACC, FSCAI (USA)
American Board of Internal Medicine, Cardiovascular Disease and
Interventional Cardiology
Certified by International Board Heart Rhythm Examiners
Practice in America for more than 20 years
Consultant Interventional Cardiology & Cardiac Electrophysiology
Timing (Monday-Sat.) Day 9:00 to 12:00 P.M. Eve. 6:00 to 9:00 P.M.
Sunday 10:00 A.M. to 1:00 P.M.

Dr. Chandra Prabha

MD (Medicine), FACP (USA)
American Board of Internal Medicine
Practice in America for more than 15 years
Specialist in: Medicine, Diabetes & Heart Disease
Timing (Monday-Sat.) Day 11:00 A.M. to 2:00 P.M. Eve. 6:00 to 9:00 P.M.
Sunday 12:00 P.M. to 2:00 P.M.

Fees : 500.00

X Patient Name : Mr. OMKAR GANGWAR

Age/Sex : 71 Years / Male

Date : 15/Feb/2021

OPD No. : 3770

Validity : 18/Feb/2021

BP- 169/89 mmHg
HR- 61 bpm
SpO2- 99%

→ CAD 2013 - (Furin) x 3.

LIMA → LAD
SVL → D1
RA → OH1

NTT
reche

C. Canal Bg @ hiked

TC-98

LDL-55

FAM-90

Uric 4.4

① Propan 75/20

② Metoprol 20

③ Olan-H 40/12.5 x (Int)

Rel (6/2/21)
(Atrio)

(ET 60)

ECG PRICQ
20/00

Olan 40

④ hTM Sahel 2-b Prio
⑤ Ruvor 500

PATIENT NAME : MR. OMKAR GANGWAR

PATIENT ID : FH.6101655

CLIENT PATIENT ID : UID:6101655

ACCESSION NO : 0057UH010980

AGE : 71 Years

SEX : Male

DATE OF BIRTH : 01/01/1950

DRAWN : 20/08/2021 10:33

RECEIVED : 20/08/2021 10:36

REPORTED : 20/08/2021 14:27

CLIENT NAME : EHIRC-OKHLA (CORPORATE)

REFERRING DOCTOR : DR. Z S Meharwal

CLINICAL INFORMATION :

UID:6101655 REQNO-976010

CORP-OPD

BILLNO-120121OPCS172050

Test Report Status	Final	Results	Biological Reference Interval
--------------------	-------	---------	-------------------------------

METHOD : COLUMN AGGLUTINATION TECHNOLOGY, AUTOMATED

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Column Agglutination technology, Automated

BIO CHEMISTRY

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 90 82 - 115 mg/dL
 METHOD : HEXOKINASE

SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 16 8 - 23 mg/dL
 METHOD : UREASE - UV

URIC ACID, SERUM

URIC ACID 6.3 3.4 - 7.0 mg/dL
 METHOD : URICASE, COLORIMETRIC

CORONARY RISK PROFILE (LIPID PROFILE), SERUM

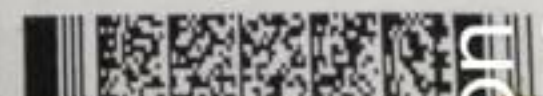
CHOLESTEROL 113 < 200 Desirable mg/dL
 200 - 239 Borderline High
 >= 240 High
 METHOD : CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

TRIGLYCERIDES 86 < 150 Normal mg/dL
 150 - 199 Borderline High
 200 - 499 High
 >= 500 Very High
 METHOD : ENZYMATIC WITH GLYCEROL BLANK

HDL CHOLESTEROL 43 < 40 Low mg/dL
 >=60 High
 METHOD : DIRECT MEASURE - PEG

DIRECT LDL CHOLESTEROL 66 < 100 Optimal mg/dL
 100 - 129 Near or above optimal
 130 - 160 Borderline High
 161 - 189 High
 >= 190 Very High
 METHOD : DIRECT MEASURE

NON HDL CHOLESTEROL 70 Desirable: Less than 130 mg/dL
 Above Desirable: 130 - 159
 Borderline High: 160 - 189
 High: 190 - 219



PATIENT NAME : MR. OMKAR GANGWAR

PATIENT ID : FH.6101655

CLIENT PATIENT ID : UID:6101655

ACCESSION NO : 0057UH010980 AGE : 71 Years SEX : Male DATE OF BIRTH : 01/01/1950

DRAWN : 20/08/2021 10:33 RECEIVED : 20/08/2021 10:36 REPORTED : 20/08/2021 14:27

CLIENT NAME : EHIRC-OKHLA (CORPORATE) REFERRING DOCTOR : DR. Z S Meharwal

CLINICAL INFORMATION :
 UID:6101655 REQNO-976010
 CORP-OPD
 BILLNO-120121OPCS172050

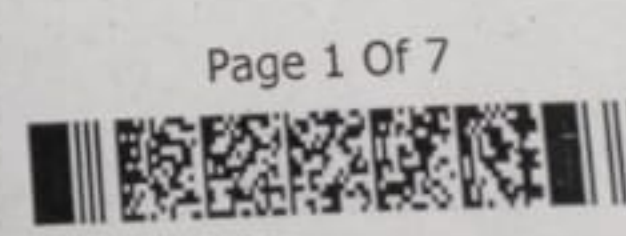
Test Report Status	Final	Results	Biological Reference Interval	Units
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HAEMATOLOGY

CBC WITH ESR (CBC+PS+ESR) EDTA WHOLE BLOOD/SMEAR

Parameter	Result	Reference Interval	Units
BLOOD COUNTS			
HEMOGLOBIN	13.6	13.0 - 17.0	g/dL
METHOD : PHOTOMETRY, NON-CYANMETHEMOGLOBIN			
RED BLOOD CELL COUNT	4.22	Low 4.5 - 5.5	mil/ μ L
METHOD : COULTER PRINCIPLE			
WHITE BLOOD CELL COUNT	5.20	4.0 - 10.0	thou/ μ L
METHOD : COULTER PRINCIPLE			
PLATELET COUNT	218	150 - 410	thou/ μ L
METHOD : COULTER PRINCIPLE			
RBC AND PLATELET INDICES			
HEMATOCRIT	40.6	40.0 - 50.0	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	96.3	83.0 - 101.0	fL
METHOD : DERIVED PARAMETER			
MEAN CORPUSCULAR HGB.	32.1	High 27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.4	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH	13.7	11.6 - 14.0	%
METHOD : DERIVED/COULTER PRINCIPLE			
MEAN PLATELET VOLUME	10.9	6.8 - 10.9	fL
METHOD : DERIVED PARAMETER			
WBC DIFFERENTIAL COUNT - NLR			
SEGMENTED NEUTROPHILS	47	40 - 80	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	2.44	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
LYMPHOCYTES	39	20 - 40	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	2.03	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
EOSINOPHILS	5	1.0 - 6.0	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY			

SRL DIAGNOSTICS
 ESCORTS HEART INSTITUTE AND RESEARCH CENTRE
 LTD, OKHLA ROAD
 OKHLA, 110025
 NEW DELHI, INDIA
 Tel : 47134972, 47135511, Fax :
 CIN - U74899PB1995PLC045956



Scan to View Details

PATIENT NAME : MR. OMKAR GANGWAR

Fortis Escorts

PATIENT ID : **FH.6101655**

CLIENT PATIENT ID : UID:6101655

ACCESSION NO : **0057UH010980**

AGE : 71 Years

SEX : Male

DATE OF BIRTH : 01/01/1950

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CLIENT NAME : **EHIRC-OKHLA (CORPORATE)**

REFERRING DOCTOR : DR. Z S Meharwal

CLINICAL INFORMATION :

UID:6101655 REQNO-976010

CORP-OPD

BILLNO-120121OPCS172050

Test Report Status	Final	Results	Biological Reference Interval	Units
ABSOLUTE EOSINOPHIL COUNT		0.26	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
MONOCYTES		09	2.0 - 10.0	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY				
ABSOLUTE MONOCYTE COUNT		0.47	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
BASOPHILS		0	0 - 1	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY				
DIFFERENTIAL COUNT PERFORMED ON:		AUTOMATED ANALYZER		
PERIPHERAL SMEAR EXAM, EDTA WHOLE BLOOD				
RBC		PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
WBC		WBCS ARE NORMAL IN NUMBER & MORPHOLOGY		
PLATELETS		ADEQUATE		
* ERYTHRO SEDIMENTATION RATE, BLOOD				
SEDIMENTATION RATE (ESR)		24	0 - 30	mm at 1 hr
METHOD : OPTO ELECTRONIC SENSOR, AUTOMATED				

Interpretation(s)

BLOOD COUNTS-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

WBC DIFFERENTIAL COUNT - NLR-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as polikilocytosis, spherocytosis or sickle cells.

Reference :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"

IMMUNOHAEMATOLOGY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

O

METHOD : COLUMN AGGLUTINATION TECHNOLOGY, AUTOMATED

RH TYPE

POSITIVE

SRL DIAGNOSTICS

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE

LTD, OKHLA ROAD

OKHLA, 110025

NEW DELHI, INDIA

Tel : 47134972, 47135511, Fax :

CIN - U74899PB1995PLC045956

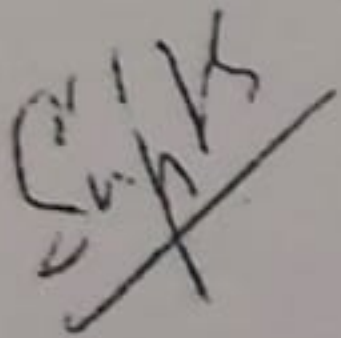
Scan to View Details



Name:	OMKAR GANGWAR	UHID:	00508326
Age / Sex:	066Yrs / M	Order No / Order Date:	3007121.3 / 20-04-2016
Doctor:	Dr. DR. Z S MEHARWAL	Reporting Date:	20-04-2016

CHEST X-RAY (PA VIEW)

(Post Operative)
Cardiac size within normal limits
Unfolding of aorta.
No focal active lung lesion seen
Bilateral costophrenic angles clear.
Please correlate clinically



Dr. Suvira Gupta

(Consultant)

A complete Multispeciality Hospital
for the treatment of All Ailments....

DEPARTMENT OF RADIOLOGY

Patient Name	: OMKAR GANGWAR66YRS : M	Patient ID	: 84674
Sex / Age	: M/1950-01-02	Report Date/Time	: 03-01-2017 09:17:43
Modality	: MR	Ref. Phys.	: DR AMAN AGARWAL

MRI UPPER ABDOMEN

MR imaging of the upper abdomen was performed and T1-and T2-weighted serial sections obtained in the axial and coronal planes using a dedicated torso-array surface coil and respiratory compensation.

Liver is normal in size, shape and signal intensity with no evidence of any focal lesion. The intrahepatic biliary radicals and common duct are not dilated.

The gall bladder is minimally distended and show hypointense focus ? cholelithiasis needs USG correlation

The pancreas is normal with no evidence of any focal lesion. The peripancreatic fat planes and retroperitoneum appear normal.

The spleen is normal in size, normal in shape and signal intensity.

Both kidneys show moderate hydronephrosis with abrupt change in caliber at pelvi-ureteric junction with normal cortico-medullary differentiation. Bilateral ureters appears normal.

Both the adrenals are normal in size, shape and signal intensity pattern. No evidence of any adrenal mass lesion.

There is no evidence of any significant retroperitoneal lymphadenopathy.

Major abdominal blood vessels appear normal.

OPINION: -

CS/45



**Agra Diagnostic
Imaging Research
Centre**

(A UNIT OF AGRA CAT SCAN CENTRE)

Near Shree Talkies, Bye Pass Road, Agra-2
Ph.: +91-562-2520868, 4001264
Visit us : www.agradiagnostic.com

PT. NAME: OMKAR GANGWAR 65 YRS/M
REF BY : DR. SHEKHAR VAJPEYI

DATE: 14-05-2017

NCCT UROGRAM

NON-CONTRAST ENHANCED HELICAL SECTIONS OF 5mm. THICKNESS OF KUB REGION WERE TAKEN.

THERE IS FEW SIMPLE RENAL CORTICAL CYSTS IN BOTH KIDNEYS LARGEST MEASURING 5.2 X 4.2 CMS IN LOWER POLE POSTERIORLY ON RIGHT SIDE AND OF SIZE 4.0 X 4.0 CMS IN MID POLE ANTERIORLY ON LEFT SIDE.

PELVICALYCEAL SYSTEMS OF BOTH KIDNEYS ARE MILDLY DILATED WITH NORMAL CALIBRE OF BOTH URETERS. NO CALCULUS IS SEEN.

BOTH ADRENAL GLANDS ARE NORMAL IN SIZE AND ATTENUATION.

URINARY BLADDER IS WELL DISTENDED. WALL THICKNESS IS NORMAL. NO EVIDENCE OF RADIO-OPAQUE CALCULUS IS NOTED.

PROSTATE IS MILDLY ENLARGED IN SIZE, SHAPE AND NORMAL IN ATTENUATION.

ABDOMINAL WALL MUSCULATURE AND FAT PLANES APPEAR NORMAL.

PELVIC MUSCULATURE AND VASCULATURE APPEAR NORMAL.

THERE IS NO PELVIC LYMPHADENOPATHY. THERE IS NO PELVIC ASCITES.

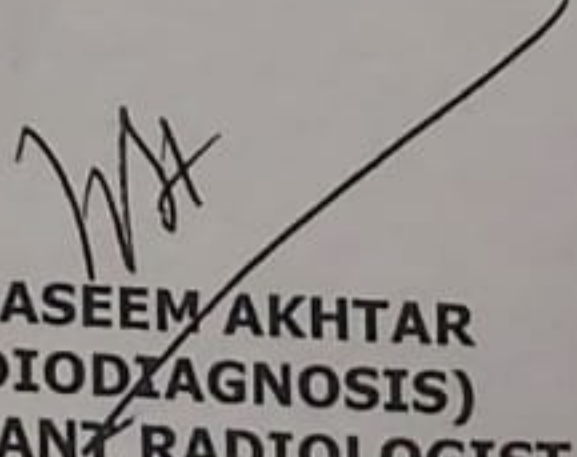
VISUALISED SPINE AND BILATERAL HIP JOINTS SHOW DEGENERATIVE CHANGES.

IMPRESSION:-

- SIMPLE RENAL CORTICAL CYSTS IN BOTH KIDNEYS LARGEST MEASURING 5.2 X 4.2 CMS IN LOWER POLE POSTERIORLY ON RIGHT SIDE AND OF SIZE 4.0 X 4.0 CMS IN MID POLE ANTERIORLY ON LEFT SIDE.
- MILDLY DILATED BILATERAL RENAL PELVICALYCEAL SYSTEMS WITH NORMAL CALIBRE OF BOTH URETERS. NO CALCULUS IS SEEN.

KINDLY CORRELATE CLINICALLY.

**DR. DEEPSHIKHA GUPTA
MD (RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST**

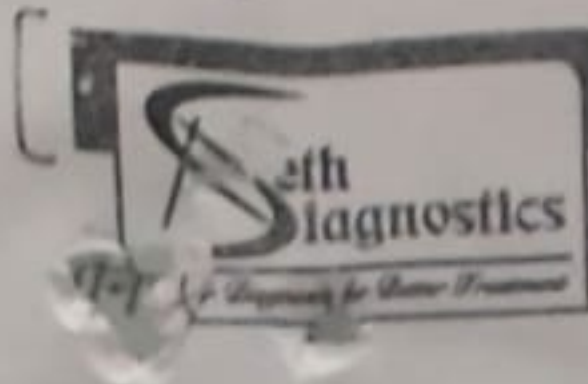

**DR. WASEEM AKHTAR
MD (RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST**

Wish You A Speedy Recovery

THE SCIENCE OF RADIOLOGICAL DIAGNOSIS IS BASED ON THE INTERPRETATION OF VARIOUS SHADOWS PRODUCED BY NORMAL & ABNORMAL TISSUES & ARE NOT ALWAYS CONCLUSIVE FURTHER CLINICOPATHOLOGICAL CORRELATION IS NECESSARY. IN CASE OF ANY DISCREPANCY OR ANY TYPING OR MACHINE ERROR, PLEASE GET IT RECTIFIED IMMEDIATELY.

THANKS FOR THE REFERENCE, KINDLY LET US KNOW THE FOLLOW UP OF THE PATIENT

24x7 HELPLINE 7500001111
9917470450



PT. NAME
REF. BY

MR. OM KAR
DR. S. D. MAURYA / SIDDHARTH DHAR

65 YRS / M
12TH JANUARY, 2017

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size, outline with normal echotexture. No focal parenchymal lesion is noted. Hepatic veins and portal venous radicals are normal. IHBR is not dilated.

Gall Bladder is well distended and reveals an echo-free lumen. No calculus is seen. No GB wall edema is seen. CBD is not dilated. Portal vein is normal.

Pancreas is normal in outline and showing normal echopattern. No evidence of any focal lesion or calcification is seen. MPD not dilated.

Spleen is normal in size and shows normal echopattern. No focal lesion is noted.

Both kidneys are normal in outline, shape, location, size and reveal normal echogenicity. The CM differentiation is maintained with maintained cortical thickness. Right sided moderate hydronephrosis is noted with non dilated upper ureter ----? Pelviureteric junction obstruction. No definite calculus is noted in the right kidney. No calculus or hydronephrosis is noted in left kidney. B/L ureters are not dilated. Cyst measuring 20mm noted in mid pole of right kidney. Another cyst measuring 35mm noted in the lower pole of left kidney.

No ascites is noted in the peritoneal cavity. No significant enlarged lymph nodes are seen.

No evidence of any pleural effusion was evident at the costophrenic angles.

Urinary Bladder is distended with thickened and irregular outline --- Cystitis. Foley's bulb is seen in situ. No definite calculus is noted.

Prostate is enlarged in size measuring 49 x 40 x 38mm & volume is 40gms & normal echogenicity. Median lobe is enlarged. Margins are regular.

IMPRESSION:

- ◆ RIGHT SIDED MODERATE HYDRONEPHROSIS IS NOTED WITH NON DILATED UPPER URETER ---? PELVIURETERIC JUNCTION OBSTRUCTION.
- ◆ BILATERAL RENAL CORTICAL CYST.
- ◆ BENIGN PROSTATIC HYPERTROPHY GRADE - II WITH ENLARGED MEDIAN LOBE.
- ◆ CYSTITIS.

- Please correlate clinically.

DR. KANIKA GOEL
MD (RADIOLOGIST)

DR. RITEN SETHI
MD (RADIOLOGIST)

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✓
✓ Replic 1) @ 50

Van rita ane
un: van anu

Contine x 6 months

20/3/17

See Table 0.25 @

Cont save

↓
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laser
urology centre

14/5
DR. SHEKHAR VAJPEYI
M.S. M.Ch. (UROLOGY)
CONSULTANT UROLOGIST

S 17

Dr. Dinkar Gampwal
60y

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→ to combine.

Uro for Bil Hon

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x 6 months

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लेजर यूरोलोजी सेन्टर

रामरघु अस्पताल

संजय प्लेस के सामने, आगरा

Mob : 9027422666 (8 am to 7 pm)

Ph : 0562-4025100 (7pm to 8 am)

डा. शेखर वाजपेयी
एम.एस., एम.सीएच. (यूरोलॉजी)
कन्सलटेन्ट यूरोलोजिस्ट

Dr. V.K. JAIN

D.M. (Cardiology)

Consultant Cardiologist

Chairman Pushpanjali Institute of

Cardiac Sciences (PICS), Agra

EX. PRINCIPAL / DEAN

Prof. & Head, Dept. of Cardiology

S.N. Medical College, Agra



Dr. VINESH JAIN

D.M. (Cardiology)

FNB (Interventional Cardiology)

Advanced fellowship in PCI, ITALY

Observership in PCI, Mountsinai, New York

Director/Head of Department

Chief Interventional Cardiologist

Pushpanjali Institute of Cardiac Sciences (PICS), Agra

Consultant visiting Cardiologist MAX Super Speciality

Hospital Saket, New Delhi

Dr. Jain's Clinic

... we care



Pat Metch Vpnt MCL

HTN

CAD

Post CABG

July 2013

Mr. Onkar Kumar

66yr M.

Cilacar TC 1d.

Clopilet A 1d.

75/75

Statra 40 1d

Cilacar 10 1d

To cont Tr. advised by

Dr. Nisha Agrawal

DM.

Clopilet A

75/75

to be stopped

6-7 day prior to

surgery

10.1.17.

Int Toleran class II

can with 2kg.

140/80

RBC

No symptoms

HS. stable

C.S.T

21.3.17.

ECC. WM.

10.1.17

Cl. 2mp and opinion regarding.

Anesth. & Surgery.

He is to be considered as a cured

HTN

CAD Post CABG.

He is stable and controlled on medical Tr.

He can undergo Anesth. and Surgery as a high Risk case

with due understudy of Problems due to above.

21/3/17

130/70

60

Consultation by Prior Appointment only.

Call/EA to Dr. V.K. JAIN: 0562-2852878, 2852838, 9760318593

Call/EA to Dr. VINESH JAIN: 8126287451

Sunday Evening Closed



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urology centre

DR. SHEKHAR VAJPEYI
M.S. M.Ch. (UROLOGY)
CONSULTANT UROLOGIST

Shri Omkar Ganpwar
age 68y

10-1-14

CARG 2013

On Catheter

BPH 1-1/2

Ure Pro Cl.



Candidiasis anamnesis

fitness for TURP/HoLEP

Repts by Dr. VK Jain
M.D.S.M

✓ Cas Mowlev 500 — 12

✓ Cas Celin 500 10

✓ Cas Tandura — 10

Repts to higher centre
for TURP/HoLEP

लेजर यूरोलॉजी सेन्टर

रामरघु अस्पताल

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Mob : 9027422666 (8 am to 7 pm)

Ph : 0562-4025100 (7pm to 8 am)

9412259144

डा. शेखर वाजपेयी

एम.एस., एम.चि. (यूरोलॉजी)

कन्सलटेन्ट यूरोलॉजिस्ट

DR. R. S. PAREEK

M.D.H., D.F. Hom. (London),
D.Sc (Causa Honoris)

SENIOR HOMOEOPATHIC CONSULTANT

MEMBER :
International Homoeopathic League

DR. ALOK PAREEK M.D. (Hom.)

B.Sc., D.H.M.S. (Hons.), P.Gr. (Switzerland)

SENIOR HOMOEOPATHIC CONSULTANT

PRIME VICE-PRESIDENT :
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MEMBER :
Central Council for Research in Homoeopathy (Govt. of India)
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DR. ADITYA PAREEK

B.H.M.S., M.D. (Hom.) Medicine (Sch.)

CONSULTANT HOMOEOPATHIC PHYSICIAN

FORMERLY AT :
Hahnemann Klinik, Tübingen (Germany)
Clinica Santa Croche (Switzerland)

MEMBER : WORKING GROUP :
International Homoeopathic Medical League (Germany)

DR. R. S. PAREEK

M.D.H., D.F. Hom. (London), D.Sc (c.h.)

SENIOR HOMOEOPATHIC CONSULTANT

MEMBER :
International Homoeopathic League

Pareek Homoeopathic Centre

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Phone : 0562 - 4037325, 4037333,

e-mail : pareekhomoeopathy@gmail.com

website : www.pareekhospital.com

Shri Anurag Langwa

*Foci of Rt Renal. colic
cyst - autoabstn
sudden retarda of imm,
Indm.*

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+ weisse*

9 AM Causa 30. 9 P.

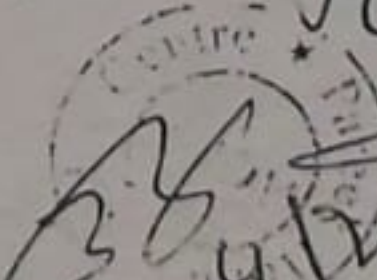
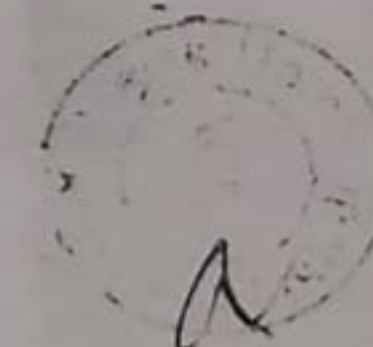
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3 PM - 3 P.M.*

4 PM. Dulse 1300,

7 PM. 5 drops in

*10/1/2017
15th*

4/2/2017.



PAREEK Healthcare

Ref 1 month

1 month