

# INDIRA IVF

FERTILITY & IVF CENTRE

INDIRA IVF HOSPITAL PVT. LTD.

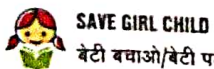
Date: 25-11-2022

## TO WHOSOEVER IT MAY CONCERN

This is to certify that Mrs. **RENU W/o DEEPAK GAUTAM** bearing Registration No. RDC0000943 is undergoing IVF treatment at Indira Infertility Clinic & Research Centre. In order to have the treatment, they ought to be visiting the centre regularly for follow-up scans, consults and medications for atleast 6-7months or till she has concieved a viable pregnancy.

  
Dr. NEHA RANI

Consultant Gynaecologist



SAVE GIRL CHILD

बेटी बचाओ/बेटी पढ़ाओ, अभियान में सहयोग करें।

Indira IVF Hospital Pvt. Ltd

Regd. Office : 44, Amar Niwas, Kurnharo Ka Bhatta Opp. M.B. College Udaipur 313001 (India), Telephone No. 7665004570

गर्भ/भ्रूण का लिंग परीक्षण करना/करवाना कानूनन अपराध है। यह कार्य करने पर कड़ी दण्डित किया जाएगा।

Indira IVF Hospital Pvt. Ltd.  
1st & 2nd Floor, C-29 RDC  
Raj Nagar, Ghaziabad-201001  
Reg. No.- RMFE2109741

Doctor Seal

www.indiraivf.com  
info@indiraivf.in

CIN: U85110RJ2015PTC046846


Prescription No.: RDC202211030005140  
Print date: 03-11-2022 01:38 PM  
Prescription Generated On: 03-11-2022

Patient Name: RENU. Husband Name: DEEPAK GAUTAM UHID: P301022RDC0000943  
Registration No.: 20221030RDC0000765 OPD: \_\_\_\_\_  
Address: FLAT NO 803 TOWER 1 JUDGES RESIDENCE, Ghaziabad, UTTAR PRADESH, Ago: 35 Gender: Female  
India  
Stago: \_\_\_\_\_ Cyclo Plan: \_\_\_\_\_ Doctor: Dr Neha Rani

Rx

Sr No.	Medicino	Dosago	Froquency	Timings	Routo	Days	Notos
1	Tablot L Methylfolato Methylcobalamin pyridoxal 5 phosphato	-	OD		Oral	<del>15</del> 30	ONE TAB EVERY MORNING AFTER BREAKFAST WITH WATER OR MILK
2	Syrup Cholocalciferol	5 ml	Onco Weekly		Oral	<del>15</del> 30	ONE SYRUP WEEKLY AFTER MEAL
3	Capsulo L - Loucino	800	OD		Oral	<del>15</del> 30	ONE TAB EVERY MORNING AFTER BREAKFAST WITH WATER OR MILK
4	Tablet norgestrol othinyl oestradiol	0.55 mg	OD		Oral	<del>15</del> 20	ONE TAB EVERY EVENING AFTER DINNER WITH WATER OR MILK

Remark: TO COME ON DAY 20 OF PERIODS FOR ET ASSESSMENT (Mock.)

  
Dr. Neha Rani  
Doctor's Signature  
(Stamp)

Disclaimer: Kindly collect all your investigation reports in the next 2-3 days.  
Indira IVF Hospital Pvt Ltd.

4/11/22  
for Husband :

- Tab Levoflox 500mg PoD x 5d  
|-----|  
- Tab Lincex 1 tab OD x 2 wh.  
o-----o.

11/11/22  
- ECG  
- Chest X/Ray- PA view } D2 of cycle  
- PT/INR }  
PAC

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