



Patient Name : Mr. KARAN PAL SINGH
UHID No. : WMH/5866
Date & Time : 18/06/2022 8:20 pm

Age/Sex : (64 Y - 0 M - 0 D) / Male
Queue No. : 18
Next Follow up

Consultant : Dr. Kuldeep Aggarwal
Dept. : Urology
Weight : Kg

Dept. of Dermatology (Skin)
Dr. Anuj Aggarwal
MBBS, MD

Timings : Mon. to Sat. (Except Wed.)
Morn. : 10.00 AM to 02.00 Noon
Even. : 05.00 PM to 08.00 PM

Dept. of Obst. & Gynae.
Dr. Saloni Aggarwal
MBBS, MD
Obst. & Gynae.

Dr. Tanvi Aggarwal
MBBS, DNB (OBG)
Obst. & Gynae.

Dept. of Urology
Dr. Kuldeep Aggarwal
MBBS, MS, Mch.

Timings : Mon. to Sat.
07.30 PM to 08.30 PM

Dept. of Diabetes
Dr. Ritesh Bansal
MBBS, MD

Timings : Tues. Thurs. & Sat.
12.00 PM to 01.00PM

Dept. of Medicine
Dr. Saurabh Sharma
MBBS, MD

Timings : Mon. to Sat.
Evening : 05.00 PM to 06.00 PM

Dept. of Orthopaedics
Dr. Rakesh
MBBS, MS

Timings : Mon. to Sat.
Evening : 04.00 PM to 05.00 PM

Dept. of E.N.T.
Dr. Virender Singh
MBBS, MS

Timings : Mon. Wed. Fri.
Evening : 05.00 PM to 06.00 PM

Dept. of Pediatrics
Dr. Sachin Garg
MBBS, MD
Timings : Mon. to Sat.
Evening : 05.00 PM to 06.00 PM

Dr. Ahmed
(On Call)

Dept. of Cardiology
Dr. Shadab Samad
MBBS, MD, DNB
Timings : 7.30 PM to 8.30 PM (Wed.)
10.00 AM to 11.00 AM (Sunday)

Dept. of Physiotherapy
Dr. Akansha Mehta
BPT, MPT (DCPT, MIAP)
Timings - Mon. Wed. Fri.
Morn. : 10.00 AM to 01.00 Noon
Even. : 04.00 PM to 06.00 PM

BP :

PULSE :

→ Pluck of Aorta + P.D.M.

→ failed voiding trial.

S.PSA

↓

1.0

Ach.

→ T. Nitrogest 100mg 127

→ T. Penzyl - D 127

→ Cap. Sildenafil 50 mg

627

X 15 days

Add : C-3/56A, Yamuna Vihar, Delhi-110053 Tel. : 011-40451000, 40452000, 7290002072 (Whatsapp)

Web. : www.wellnessmultihospital.com E-mail : wellnessmultihospital@gmail.com

THIS PRESCRIPTION IS NOT FOR MEDICO-LEGAL PURPOSES



OPD CONSULTATION

Patient Name Karen Ray Age/Sex 64 Y/M Regn. No. _____
 Doctor's Name Dr. Vinod Kumar Date 4/6/22 Time _____

1. Nutritional Screening

Height: _____ Weight: _____ BMI: _____

2. History : (Present / Past / Family)

→ MHO A/R → 22/5/22

Any Drug Allergy : ↓

family history

3. General Examination :

BP : _____ Temp. : _____ Pulse: irreg R/R: _____

Pallor / Oedema / Koilonychia _____

4. Systemic Examination :

↓
(A)

CVS :

CNS :

RS : Mb - 12-1

P/A :

TL - 12, 200

Others : Cu - 1.0

6. Investigations Advised :

USG ⇒ * B/L H U R
* 9mm @ R/L Cx
* 98.4 cc Prostate.

7. Provisional / Differential Diagnosis :

→ NO MHO HTN / DM
 → MHO BDM

8. Treatment Advised :

→ T. Nitrobest 100g 107
 → T. Penncb - D 107
 → T. Dispersyne 1-17
 → Cap. Sildenafil 50
0.25

} 15 days

5. Pain Score :



Follow up Due on after 15 days

Patient Education (Patient is briefed on the following)

Proposed Care Plan : Yes / No Expected Outcome : Yes / No Possible Complication : Yes / No

Name and Sign. of Doctor: _____ Name and Sign. of Patient/Attendant: _____



OPD CONSULTATION

Patient Name: Mr. Karan Pal Age / Sex: 63/57/M Regn. No. 554080
 Doctor's Name: Dr. Kishore Aggarwal Date: 26/08/22 Time: _____

1. Nutritional Screening

Height: _____ Weight: _____ BMI: _____

2. History : (Present / Past / Family)

→ Hx of BPH & Atrial.

Any Drug Allergy :

3. General Examination :

BP: _____ Temp.: _____ Pulse: _____ R/R: _____
 Pallor / Oedema / Koilonychia

4. Systemic Examination :

CVS: Bo → SPSA → PT + free.

ONS: → CBC, WBC, Hb, HbA1c

RS: → Hx, HbA1c, HCV

P/A: → BCG, Chest X-ray, 2D Echo

Others: → RT, ART, DM

5. Pain Score :

PT, ART, DM

6. Investigations Advised :

USG =) 92.9 cc Prostate.
 S.PSA → 1.0.

7. Provisional / Differential Diagnosis :

8. Treatment Advised :

→ PAC → 2026.

→ Admission → 31/8/22

→ PLAN =) CPB + TURP +
 BPH + Ureter for Prostate

Follow up Due on: _____

Patient Education (Patient is briefed on the following)

Proposed Care Plan : Yes / No Expected Outcome : Yes / No Possible Complication : Yes / No

Name and Sign. of Doctor: _____ Name and Sign. of Patient/Attendant: _____



OPD CONSULTATION

Patient Name Mr. Karanpal Age/Sex 63 Y/M Regn. No. 554080
 Doctor's Name Dr. Kuldip Aggarwal Date 29/8/22 Time _____

1. Nutritional Screening

Height.....Weight.....BMI.....

2. History : (Present / Past / Family)

Any Drug Allergy :

3. General Examination :

BP : Temp. : Pulse : R/R :

Pallor / Oedema / Koilonychia

4. Systemic Examination :

CVS :

CNS :

RS :

S. PSA - 72.850

P/A :

Others :

5. Pain Score :



NO PAIN



MILD PAIN



MODERATE PAIN



SEVERE PAIN

X10

6. Investigations Advised :

→ urine G.S.

7. Provisional / Differential Diagnosis :

→ BPH & HTN

→ UPI

8. Treatment Advised :

→ PAC -> 2026

→ Admission -> 31/8/22

→ T. 210x200 20mg 12h

→ T. Penms - D 12h

Follow up Due on 10/9/22

Patient Education (Patient is briefed on the following)

Proposed Care Plan : Yes / No

Expected Outcome : Yes / No

Possible Complication : Yes / No

Name and Sign. of Doctor

Name and Sign. of Patient/Attendant



OPD CONSULTATION

Patient Name Mr. Kahan Pal Age/Sex 63 Yr/M Regn. No. 554080
 Doctor's Name _____ Date 12/09/22 Time _____

1. Nutritional Screening
 Height.....Weight.....BMI.....

2. History : (Present / Past / Family)

 Any Drug Allergy :

3. General Examination :
 BP : _____ Temp. : _____ Pulse : _____ R/R: _____
 Pallor / Oedema / Koilonychia

4. Systemic Examination :
 CVS : _____
 CNS : _____
 RS : _____
 P/A : _____
 Others : _____

5. Pain Score :

NO PAIN
 MILD PAIN
 MODERATE PAIN
 SEVERE PAIN

6. Investigations Advised :

S. PSA -> 2.850.

7. Provisional / Differential Diagnosis :
-> WB
-> BME Ad
-> UTI

8. Treatment Advised :
-> Amoxicillin 500mg
-> Cap. Sildenafil - 100mg
-> P. Penicillin - 100mg
-> P. Ofloxacin 200mg

Follow up Due on.....

Patient Education (Patient is briefed on the following)
 Proposed Care Plan : Yes / No Expected Outcome : Yes / No Possible Complication : Yes / No
 Name and Sign. of Doctor..... Name and Sign. of Patient/Attendant.....



OPD CONSULTATION

Patient Name Mr. Karan Pal Age/Sex 62 Yr / M Regn. No. 554000
 Doctor's Name Dr. Kuldeep Aggarwal Date 14/09/22 Time _____

1. Nutritional Screening

Height.....Weight.....BMI.....

2. History : (Present / Past / Family)

→ Sp. better.

Any Drug Allergy: _____

3. General Examination :

BP : _____ Temp. : _____ Pulse : _____ R/R: _____

Pallor / Oedema / Koilonychia

4. Systemic Examination :

CVS: → no no fever

CNS: _____

RS: _____

P/A: _____

Others : _____

5. Pain Score :



NO PAIN



MILD PAIN



MODERATE PAIN



SEVERE PAIN

6. Investigations Advised :

7. Provisional / Differential Diagnosis :

→ Binc of USG

8. Treatment Advised :

→ Home therapy's

→ Cort care for

→ x 5 days

Follow up Due on after 5 days

Patient Education (Patient is briefed on the following)

Proposed Care Plan : Yes / No

Expected Outcome : Yes / No

Possible Complication : Yes / No

Name and Sign. of Doctor: _____ Name and Sign. of Patient/Attendant: _____

YASHODA Super Speciality Hospitals



OPD CONSULTATION

Patient Name Mr. Karan Paul Age/Sex 68 Yr / m Regn. No. 554080
 Doctor's Name _____ Date 19/09/22 Time _____

1. Nutritional Screening

Height _____ Weight _____ BMI _____

2. History : (Present / Past / Family)

→ Baby voidy + nry.

Any Drug Allergy :

3. General Examination :

BP : _____ Temp. : _____ Pulse : _____ R/R : _____

Pallor / Oedema / Koilonychia _____

4. Systemic Examination :

CVS :

CNS :

RS :

P/A :

Others :

5. Pain Score :



NO PAIN

MILD PAIN

MODERATE PAIN

SEVERE PAIN

6. Investigations Advised :

→ urine qe.

7. Provisional / Differential Diagnosis :

→ UTI

→ BPH & UTI

8. Treatment Advised :

→ cap. nitrofurantoin - D 80

0 20

→ x 1 month

Follow up Due on _____

Patient Education (Patient is briefed on the following)

Proposed Care Plan : Yes / No _____ Expected Outcome : Yes / No _____ Possible Complication : Yes / No _____

Name and Sign. of Doctor _____ Name and Sign. of Patient/Attendant _____

YASHODA Super Speciality Hospitals

OPD CONSULTATION

Patient Name Mr. Korian Pal Age/Sex 63 Yr/M Regn. No. 554020
 Doctor's Name Dr. Kuldeep Aggarwal Date 25/09/22 Time _____

1. Nutritional Screening
 Height..... Weight..... BMI.....

2. History : (Present / Past / Family)
→ Hx of BM & loss
 Any Drug Allergy :

3. General Examination :
 BP: _____ Temp. : _____ Pulse : _____ R/R: _____
 Pallor / Oedema / Koilonychia

4. Systemic Examination :
 CVS: Al
 CNS: _____
 RS: → Hx of EROS
 P/A: 1.5 gm IN
 Others: 127

6. Investigations Advised :
une 45 -> 12. Phosphate

7. Provisional / Differential Diagnosis :

8. Treatment Advised :
→ T. rifampin 1000 127
→ T. Penzab - D 127
→ Cap. Gilyer - D 87
o 27.

10 days

5. Pain Score : 2 - une 95
NO PAIN MILD PAIN MODERATE PAIN SEVERE PAIN

Follow up Due on after 10 days

Patient Education (Patient is briefed on the following)

Proposed Care Plan : Yes / No _____ Expected Outcome : Yes / No _____ Possible Complication : Yes / No _____

Name and Sign. of Doctor _____ Name and Sign. of Patient/Attendant _____

MITTAL CLINIC

Dr. Manish Kr. Mittal

MBBS, DNB(T)
 (Sir Ganga Ram Hospital)
 General, Respiratory, Diabetics &
 Critical Care Physician
 (श्वसन, दमा और जनरल फिजिशियन)
 DMCI 34667
 Ph.: 9350277103
 Time: Mor.: 10.00 am to 1.00 pm
 Eve.: 5.00 pm to 9.00 pm



For App.: 9354660065

Dr. Jyoti Agarwal (Mittal)

MBBS (Gold Medalist), MS, FICMCH
 (Gynaecologist & Obstetrician)
 Visiting Consultant:
 Jaipur Golden Hospital & Santom Hospital
 DMCI 45630
 Ph.: 9310676469
 Time: Mor. 11.00 am to 01.00 pm
 Eve. 7.00 pm to 9.00 pm

Ref. No.

Korek Bgl GYM

Dated... 24/5/22

J up - 814

Sug - 305

DM - Sug 3.5 mm
 on M

J up

Genet Bgl

Custer Ahtan

J up

- Vm

BS 170/100 → 92

P: 98

SB: 95

hunger

LFV

KPR

2.16/1.5

TRF

Ure

Sug

HBAIC

PSA

AJ

T Dyt 10mg (M)
 112011015

+ 20 Bgl

Ss Aht 150 mm

(- Metfr
 Glt 2.5 → vit. 5 B)

- - Ingu - cr (M)
 112011015

T cda - B Ch

S of 14 4mm

USG whole Ahtan

98-905-22



30 MAY 2022

उत्तरी दिल्ली नगर निगम
हिन्दूराव अस्पताल, दिल्ली-7

141202

बाह्य रोगी पत्र

रुपये 5/-
रुपये पांच केवल.

तिथि	बाह्य रोगी पत्र संख्या
नाम Kaushal	विभाग S-5502
आयु 65y लिंग	निदान
विवरण	UROLOGY O.P.D.

तिथि	चिकित्सा
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L.U - 3mm calcium
calculi

on PUL for further

CBC
LFT/KFT

Bl. Sugar
IPB

MBs Ag / Antihiv

5719
31/5/22

HIV I
II

Urea-Rim
EXR-PAN

ECG

बच्चे को सुरक्षा उपहार होगा
जन्म उत्सव यदि पंजीकृत होगा

July

Tamsulosin 0.4g
1x HS

Dufastone 0.5mg
1x HS

Nitroglycerin 0.5mg
1x HS



23 MAY 2022

उत्तरी दिल्ली नगर निगम
हिन्दूराय अस्पताल, दिल्ली-7

131674

रुपये 5/-
रुपये पांच केवल

बाह्य रोगी पत्र

तिथि	Karan Pal			बाह्य रोगी पत्र संख्या	
नाम				दिनांक	5-3-22
आयु	64 y	लिंग	M	निदान	
विषय					
तिथि	विकल्पा				

जनरल मेडिकल विभाग-II
सोनीपत, कुरुवा

e/o- Acute Retention of Urine

VSc - Sp - Cystitis
Adh
VSc - KUB E Prostate
= PVRU

Adh
 Referred to
 minor OT for
 Foley's Catheterisation

Adh
 Patient denied

- T. Oflox - 02 - 150 x 7 days
- Cap. Over 2mg - 100 (SSD) x 10 days
- T. Tamoxifen 0.4mg - 140 x 30 days
- T. Dexta Steroid 0.5mg - 140 x 30 days

बच्चे को सच्चा उपहार होगा
जन्म उसका यदि पंजीकृत होगा