

CRI-102-A

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Himalayan Institute of Medical Sciences
Jolly Grant, Dehradun (Uttarakhand)
248 016, Uttarakhand, India

An Associated Hospital of
Himalayan Institute of Medical Sciences

Sushila Tiwari Memorial

Cancer Research Institute

Swami Rama Himalayan University

Swami Ram Nagar, Jolly Grant, Dehradun, Uttarakhand, India - 248 016

OPD Booklet

1517973 73 Yrs. / HOSPITAL
M. SHEOKARAN J. DOIWALA
M
S
A-239/ IDPL VIKRAMPURI
City : DEHRADUN RISHIKESH UTTARAKHAND INDIA
Res. Ph - 9453801153

ORGAN SPECIFIC SERVICES:

- | | |
|--|---|
| <input type="checkbox"/> Breast Service | <input type="checkbox"/> Head & Neck Oncology |
| <input type="checkbox"/> Gynecological Oncology | <input type="checkbox"/> Genitourinary Oncology |
| <input type="checkbox"/> Gastrointestinal Oncology | <input type="checkbox"/> Neuro-Oncology |
| <input type="checkbox"/> Pediatric Oncology | <input type="checkbox"/> Haematology-Oncology |
| <input type="checkbox"/> Bone and Sarcoma Service | <input type="checkbox"/> Thoracic Service |

Ph: 0135-2471409/191; Extn-213, 251, 255

Mob. 8194009641, 8194009642

cri@srhu.edu.in

www.srhu.edu.in

DATE

CLINICAL DATA AND TREATMENT

Dr. Kunal Das
Associate Professor
Dept. of Medical Oncology
Cancer Research Institute, IIMS
Dehradun

cm

13/09

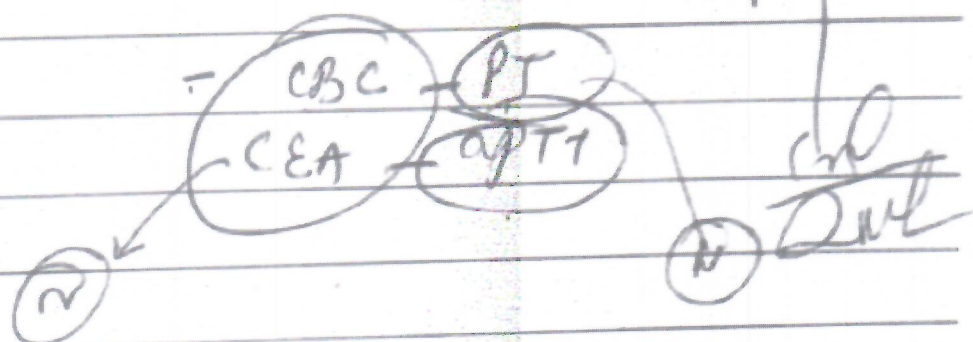
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on Imatinib

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6/11

CH - WNL

ct. Imatinib 800mg
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HIMALAYAN HOSPITAL
 (A CONSTITUENT UNIT OF SWAMI RAMA HIMALAYAN UNIVERSITY)
 Swami Ram Nagar, Jolly Grant, Dehradun-248016



MEDICAL BENEFIT IDENTITY CARD

Valid upto :

Card No. : 2915

Employee Name : Meena Pandey

Employee Code No. : 214249

Department : Rural Development Institute

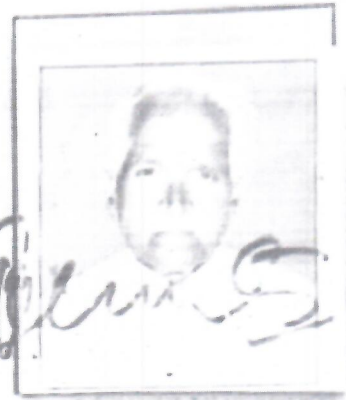
Designation : Community Producer

Relationship : father

Name of Dependant : Sheo karan Pandey

Date of Birth : 27.06.1947 Sex : Male

Address : A/2397, IDPL, Virbhada
Rishikesh



Swami Rama Himalayan University
 Swami Ram Nagar, Jolly Grant
 Dehradun (Uttarakhand)

1917972 77 Yrs. / V
 Mr. SHEOKARAN
 PANDEY

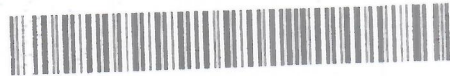
Mob. No. : 9456538509

9719016750

Meena Pandey

Signature of Employee :

Date of Issue : 17/11/23



CONSULTING ROOM NO : Floor

CLINIC : Hematology TOKEN NO: 45

DAYS: MON, TUE, THU

VISIT NO : 2

LAST VISIT DATE : 18/02/2019

OUT PATIENT RECORD

EHR ID : 2019000201171398

(RE-VISIT)

Name : MR. SHEO KARAN PANDEY

Department : Department of Medical Oncology/Hematology

Dept No. : 2021/088/0001278

Date of Registration : 02-03-2021 10:11:37 AM

Unit: 1

Billing Type : GENERAL

Mobile No. : *****153

Address : A-2397, PPL VIRBHIDRA RISHIKESH DEHRADUN PIN:249202, UTTARAKHAND, INDIA

Fees : ₹ 10

Sex : Male

S/O : LT SHRI RAM RAJ PANDEY

Age : 76Y 12D

Email :

Occupation : OTHER

Patient Type : NON MLC Prepared By : Mr.FI Department

HB renal SA (↓ or UK names)

*11am
02/02/2021*

*4/40 gm/HTN
colo*

*Patient is a diagnosed case of cmc. (diagnosed at
AIIMS-2018)
Treated at Himalayan
since 2018.*

Adv

- 4) LBC
- 5) LFT
- 6) KFT
- 7) UBAAC
- 8) BCRABL
(Quantitative)

- 1) Tab Imatinib 400mg once a day
(~~After~~ After meals) x 1 month.
- 2) Tab meso 8mg 1 tab once a day
(prior to imatinib)
- 3) Tab Paritap. 40mg 1 tab once a day
- 4) Tab folevic 5mg 1 tab
once a day

Patient Consent : I, the holder of the above mentioned mobile number, herewith give my consent to share my electronic health information with 'MyHealthRecord', an initiative of Govt. of India. I understand that I can revoke/withhold this consent through site (<https://myhealthrecord.nhp.gov.in>)

प्रतिज्ञा मैं _____ संकल्प लेता/लेती हूँ कि मैं कोविड-19 के बारे में सतर्क रहूँगा/रहूँगी और मुझे और मेरे साथियों को इससे जुड़े खतरे को हमेशा ध्यान में रखूँगा/रखूँगी। मैं इस घातक विषाणु के प्रसार को रोकने संबंधी सभी आवश्यक सावधानियों बरतने का वचन देता/देती हूँ। मैं कोविड से जुड़े आच व्यवहार का अनुसरण करने और दूसरों को भी इसके लिए प्रोत्साहित करने का भी वचन देता/देती हूँ। मैं सदैव गॉर्क फेस कवर पहनूँगा/पहनूँगी, विशेषकर सार्वजनिक स्थलों पर। मैं दूसरों से कम-से-कम 2 गज की दूरी बनाकर रखूँगा/रखूँगी। मैं अपने हाथों को नियमित रूप से और अच्छी तरह साबुन और पानी से धोऊँगा/धोऊँगी। हम एक साथ मिलकर कोविड-19 के खिलाफ इस लड़ाई को जीतेंगे।



Department of Pathology and Lab Medicine,
All India Institute of Medical Sciences, Rishikesh

BMA No: _____

REQUISITION FORM FOR BONE MARROW ASPIRATE/ IMPRINT EXAMINATION

Patient's name: Sheel Karan Pandey
CR. Number: 20190029119
Full address of patient: _____

Age: 76 yr Gender: M
Ward & Bed No/OPD: OPD

Contact number of patient: _____
Referring Department/Unit: Haematology
History taken by: SR
Chief complaints _____

Referring Consultant:
Dr. Gaurav Dwivedi

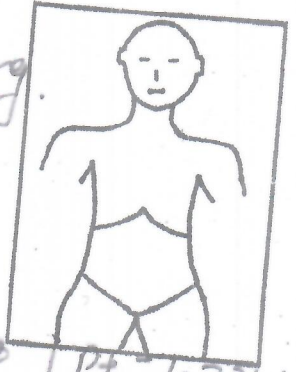
1. _____
2. M/C/O cml (since 2019) diagnosed.
3. _____
4. Treatment default - 6 months

Occupation: _____
H/o Drug intake: ↓
Past history: Then again started on
Any other relevant history: _____
Family history: _____

Marital status: ys
H/o Blood component transfusion: no

Examination findings:

General examination: K/C/O HTN / DM / $\frac{1}{2}$ OD 600mg
Systemic examination:
i. Liver/spleen: _____
ii. Lymphadenopathy: no



Relevant Investigations:

- i. Hemogram No. and PS report: Hb - 12.4 g/L | TLC - 6600 | PT - 1.77 sec
- ii. Previous bone marrow report: N/L = 72/24
- iii. Biochemical investigations: _____
- iv. Radiological findings: BCR/ABL - 19.1. (6/4/2021)

PROVISIONAL DIAGNOSIS: CML - for disease status

Procedure performed: BMA only / BMA with biopsy and Imprint

Site of Aspiration: PSIS

Doctors Signature and Name (in block letters)
Date: _____