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DEPARTMENT OF KIDNEY TRANSPLANT
DISCHARGE SUMMARY

RAM KUMAR SINGH
31 Year(s)
Male
NORMAL
/o/ HouseNo- 124/1,
Sigariya, Parsapur,
Colonelg

UHID: FHL5.485022
IPID: 134211
Date of Admission: 18-September-201.
Date of Discharge: 28-September-201.
Contact No: 9560033860

Nephrology-Dr Manoj Kumar Singhal, Dr Varun Verma
Surgeons- Dr Dushyant Nadar, Dr Piyush Varshney, Dr Rahul Gupta

ORDER BY THE HOSPITAL

Mr. Ram Kumar Singh was admitted for renal transplant. Live related renal transplant was done on 19/9/14. Surgical procedure remained uneventful. Good urine output established in immediate post operative period. He was started on Tacrolimus 1 mg morning and 2 mg evening daily on day 0. His s. creat was 2.3 on POD 1 which dropped to 1.5 on POD 2. Tacrolimus level was 5.3 on day 2. Dose of Tacrolimus was reduced to 2 mg twice daily. Repeat tacrolimus level on day 6 was 12.2. Dose of Tacrolimus was again increased to 3 mg morning and 2 mg evening daily. He is now being discharged with an advice to follow up on OPD basis. At the time of discharge his s. creat is 1.1 mg/dl.

CONDITION AT DISCHARGE

Male

DISCHARGE ADVICE

- 1. Tacrolimus 3 mg morning and 2 mg evening daily (nom) — 10 PM
- 2. My-100 mg 1 tab thrice daily C, 2, 10 PM
- 3. Mynolone (Prednisolone) 5 mg X 4 tabs once daily (10 AM)
- 4. Deptran 1 tab once daily 10 PM
- 5. Clotrimazole (Clotrimazole) mouth paint 20 drops thrice daily 6, 2, 10 PM
- 6. Met: 1 tab once daily 10 AM
- 7. Pm 40 mg once daily 6 AM (before breakfast)
- 8. Succinyl 150 mg once daily 2 PM
- 9. Calcitriol sachet once a month 10 PM ~ Milk
- 10. Succinyl 35 mg once a week (Saturday) empty stomach, sitting posture
- 11. Metical 500 mg once daily 10 PM
- 12. Cremalax 2 tabs at night as & when required for constipation.

13. Sit thrice a day premeals

14. Insulin 20 units S/C at 10 AM

15. Insulin Humalog plain 16 units S/C before breakfast, before lunch and before dinner with correction scale



DEPARTMENT OF KIDNEY TRANSPLANT

DISCHARGE SUMMARY

Patient Name
Age
Sex
Discharge Type
Address
Name(s) of Consultant:

RAM KUMAR SINGH
51 Year(s)
Male
NORMAL
/o: HouseNo- 124/1,
Sigariya, Parsapur,
Colonelg

UHID : FHL5.485022
IPID : 134211
Date of Admission : 18-September-2014
Date of Discharge : 28-September-2014
Contact No : 9560033860

Nephrology-Dr Manoj Kumar Singhal, Dr Varun Verma
Surgeons- Dr Dushyant Nadar, Dr Plyush Varshney, Dr Rahul Gupta

Skin closed using stappler.
+Removac Suction drain (16 F) was put. One anterior and another posterior to renal graft.
Total ischemia 1 hr 39 min.
Warm ischemia 2 min

PRESENT ILLNESS

Mr. Ram Kumar Singh, 51 year male K/C/O Type 2 DM, Hypertension, CKD-stage 5 on hemodialysis since 23/8/14. He was admitted for live related donor renal transplant. His blood group is O positive and wt is 58.4 kg.

Donor- Sister, 55/F, Ketki Singh, UHID 485476, 100% match
Blood group = O+ve,
GFR- SE- 45.9, LK- 42.2 ml/min
CT angio- B/L 2 RA

PHYSICAL EXAMINATION

Pt. Conscious, Oriented & Co-operative.
Afebrile.
Blood Pressure: 150/80mmHg; Pulse Rate:76/min,
No pallor/icterus
Chest - B/l clear
Per abdomen - soft, nontender, no lump

INVESTIGATIONS

Post Operative Course:-

Day	1	2	5	7		
U/C(ml/day)	8300		5650	3950		
BUN (mg/dl)	31		24	22	24	
Creat		2.3		1.5	1.1	1.2
Na- (meq/l)	144		141		137	130
K- (meq/l)	4.6		4.0		4.7	4.8
Hb (g/dl)		8.6		7.0		7.5
TLC /cmm	17.7		15.7		11.4	14.1
Tac level	Day 2 - 5.3,		Day 6 - 3.2			



DEPARTMENT OF KIDNEY TRANSPLANT

DISCHARGE SUMMARY

Patient Name	RAM KUMAR SINGH	UHID	FHL5.485022
Age	51 Year(s)	IPID	134211
Sex	Male	Date of Admission	18-September-2014
Discharge Type	NORMAL	Date of Discharge	28-September-2014
Address	/o: HouseNo- 124/1, Sigariya, Parsapur, Colonelg	Contact No	9560033860
Name(s) of Consultant:	Nephrology-Dr Manoj Kumar Singhal, Dr Varun Verma Surgeons- Dr Dushyant Nadar, Dr Piyush Varshney, Dr Rahul Gupta		

DIAGNOSIS

Primary Diagnosis:

Living donor related Renal Transplant (19/9/14)

Secondary Diagnosis:

Type 1 DM
Hypertension
CAD-stage 5
Basic disease- Diabetic nephropathy
In HD since 23/8/14
In MHD since July 2013

PROCEDURE NOTES

Type of Anesthesia: GA
In Table Immunosuppression: Inj. Solumedrol 500 mg

Renal Graft
Side Left
Nephrectomy type: laproscopic
Graft artery: single
Graft vein: Single
Vessel: adequate length.

Anastomosis:

-Graft vein anastomosed end to side, to right external iliac vein, using 5-0 prolene, continuous.
- Main Graft artery anastomosed end to side, to right external iliac artery, using 6-0 prolene, posterior layer continuous, and anterior later interrupted.
- Urteral implanted over antero-lateral wall of bladder using 4-0 PDS, using Lichthe's technique, submucosal, extravascular, stented over 6/16 DJ stent.

Closure:

Wound and sheath closed using No. 1 Vicryl, continuous.
Subcutaneous layer closed using No. 2 Vicryl, continuous.



Dr. Manoj Kumar Singhal
MD, DM, DNB, FISH
MHA-Healthcare Administration
Director - Nephrology &
Kidney Transplant Medicine

Mr. R.K. Singhal

485022 57/m

AM/177

CCA - MHA - 23/8/14

To - 19/9/14 (Liver 100%)

15/10/14

Otra

HbV / Neg
Hw / Neg

20/10/14

57mg 62 R_g
φ_{and} φ_m

141/83 → 174/88

120/70 T. 147/70
HR-112

U/C 38/1.17. 38/1.37

- Tacrolimus 2 mg twice
- My-360 mg 1 tab three
- Wysolone 10 mg once
- Ecosprin 150 mg once
- Pm - 40 mg once
- Shelcal 500 mg once
- Havit 1 once
- Septan 1 once

Osteofos 35 mg once
Calcinal 1 once

p70

For Appointment call :
Pratiksha : 09650795450,
Vineeta : 09818827887



DIET AS ADVISED / AVOID NEPHROTOXIC AGENTS

INPUT=3000ML

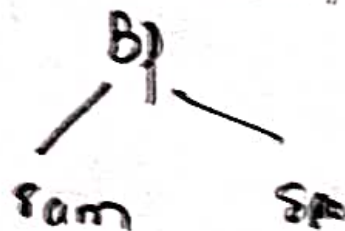
MEDICATIONS

S.NO	DRUG	STRENGTH	FREQUENCY	SPECIAL INSTRUCTION
1	TAB TACSTEAD	2.0MG---	1-0-1	
2	TAB WYSOLONE	2.0MG	1-0-0	
3	TAB MY 360	360MG	1-0-1	
4	TAB SEPTRAN-DS	1TAB	1-0-0	ALTERNATE DAY
5	TAB ARKAMINE	0.1MG	1-0-1	
6	TAB CILACAR-M	10/25MG	1-0-0	
7	TAB SARTEL	20MG 40mg	0-0-1	
8	TAB GEROZ-LP	1TAB	1-0-0	
9	TAB ECOSPRIN AV	75/10MG	0-0-1	
10	TAB FEXANTO ER	40MG	0-0-1	ALTERNATE DAY
11	TAB RABICAP DSR	1TAB	SOS	
12	INJ HUMALOG	14-12-14	1-1-1	
13	INJ LANTUS	0-0-30UNITS		
14	TAB TRAJENTA	5MG	1-0-0	
15	TAB CREMALAX	2TAB	SOS	
16	SYP K BIND 15G 1-0-1 X 3DAYS			

PLAN: CBC KFT CACLIUM PHOSPHORUS URIC ACID SGOT SGPT ALBUMIN URINE R/M

24HR URINE PROTEIN CREATININE/POTTASIMUM AFTER 7DAYS → INFORM

FOLLOWUP: 3 MONTHS.



CONTACT (WHATSAPP): 7459927777



NAME: RAM KUMAR SINGH **AGE/SEX:- 57/M**
ID:23012188 **DATE: 16-05-23**

DIAGNOSIS: POST RENAL TRANSPLANT 17-09-2014
DONOR : SISTER
INDUCATION : ATG
MAINTAENANCE : TAC + MMF + PRED
STABLE GRAFT FUNCATION/NORMAL LV FUNCTION(04/23)
04/23: UTI/AKI ON CKD/SEPSIS/SEPTIC SHOCK/ARDS/ATRIAL
FIBRILLATION

CURRENT COMPLAINTS: NIL
PRESENT STATUS:

WGT:- **EDEMA: -VE** **BP-140/90** **CVS/RS:NORMAL**

TESTIGATIONS:

DATE	28-04-23	13-05-23
HEB/TLC	11.10/11.45	11.5/7.6
HEUN/CREAT	35.96/1.95	21/1.34
HEA/K	142/4.89	138/5.0
HEA/PO4/UA	8.80/3.80/6.40	8.8/3.7/8.2
HEAT/ALT/ALP	23.0/19/84.0	24/25/83
HEA/ALB	6.40/3.50	6.5/3.8
HEA/PTG	X	143/221
HEA/E/TIBC	X	X
HEA/HIV/B/C	X	X
HEA/PTH/VIID3	X	X
HEA/URINE R/M	P-2+/R- 2.40/PC-6.70	P-/R-/PC4
HEA/POT PCR	X	2.18
HEA/H	1.19	3.0
HEA/HbA1C	X	6.4%/114
HEA/EC		4.55

EATMENT

DIET AS ADVISED / AVOID NEPHROTOXIC AGENTS

INPUT=3000ML

MEDICATIONS

S.NO	DRUG	STRENGTH	FREQUENCY	SPECIAL INSTRUCTION
1	TAB TACSTEAD	2.0MG--- 2.0MG	1-0-1	
2	TAB WYSOLONE	5MG	1-0-0	
3	TAB MY 360	360MG	1-0-1	
4 ↓	TAB SEPTRAN-DS	1TAB	1-0-0	ALTERNATE DAY
5	TAB ARKAMINE	0.1MG	1-0-1	
6 ✓	TAB CILACAR-M	10/25MG	1-0-1	
7 ↓	TAB EIDO FE FORTE	1TAB	1-0-0	ALTERNATE DAY
8	TAB ECOSPRIN	75MG	0-0-1	
9	TAB FEXANTO ER	40MG	0-0-1	
10	TAB RABICAP DSR	1TAB	SOS	Uric acid
11	INJ HUMALOG	14-14-12		
12	INJ LANTUS	0-0-30UNITS		
13	TAB TRAJENTA	5MG	1-0-0	

PLAN: CBC KFT URINE R/M

Add → SARTHEL 20 MG FRO

24HR URINE PROTEIN CREATININE

FOLLOWUP: 4 WEEKS.

(8am-8am)

Dr. Ajay Shukla
G

CONTACT (WHATSAPP): 7459927777



DISCHARGE SUMMARY

DEPARTMENT OF NEPHROLOGY

NAME: RAM KUMAR SINGH	AGE/SEX: 57/M	UHID: 23012188
DATE OF ADMISSION: 18-04-23	DATE OF DISCHARGE: 26-04-23	
CONSULTANTS: DR. VENKATESH.T MD, DM (NEPHROLOGY)/ DR. SHOMIT SINGH, MBBS, MD.		

DIAGNOSIS:	POST RENAL TRANSPLANT 17-09-2014 DONOR: SISTER INDUCTION: ATG MAINTENANCE :TAC+MMF+PRED STABLE GRAFT FUNCTION
CURRENT ADMISION	UTI/AKI ON CKD/SEPSIS/SEPTIC SHOCK/ARDS/ATRIAL FIBRILLATION
HISTORY:	57/M POST RENAL TRANSPLANT ON TRIPLE ISR P.W FEVER/MALAISE/ALTERED BOWEL HABIT/ABDOMINAL PAIN SINCE 3DAYS NO OTHER COMPLAINTS. HE WAS ADMITTED FOR FURTHER MANAGEMENT.
O/E:	PT CONSCIOUS ORIENTED PR-80/MIN BP-100/60 MM HG CVS/RS: BILATERAL CREPTS+ EDEMA-VE PA:SOFT
HOSPITAL COURSE	PATIENT WAS ADMITTED. ALL NECESSARY INVESTIGATIONS WERE DONE. LABS WERE SUGGESTIVE OF ADVANCED RENAL FAILURE/UROSEPSIS/LIVER DYFUNCTION. A DIAGNOSIS OF UROSEPSIS/ACUTE ALLOGRAFT DYSFUNCTION WAS CONSIDERED. HE WAS STARTED ON IV FLUIDS/DIURETICS/BROAD SPECTRUM ANITBIOTICS /INOTROPES AND SYMPTOMATIC TREATMENT. DURING COURSE HE DEVELOPED ARDS. PULMONOLOGY OPINION WAS OBTAINED. HE WAS MANAGED WITH NIV/BIPAP. MYCOPHENOLATE WAS WITHELD. TAC LEVEL OPTIMSIED. ANTIBIOTICS WERE MODIFIED AS PER CULTURES. WITH THIS TREATMENT GRADUALLY HIS FEVER SUBSIDED. TLC NORMALISED AND URINE OUTPUT IMPROVED. GRAFT FUNCTON IS ON RECOVERING TREND. MYCOPHENOLATE WAS RESTARTED AND TAC LEVEL OPTIMISED. HE IS BEING DISCHARGED WITH STABLE VITALS.
INVESTIGATIONS	ENCLOSED.

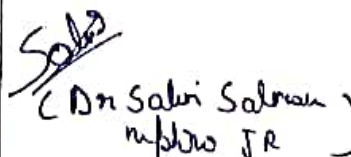
TREATMENT

INPUT=3000-3500ML

AVOID NEPHROTOXIC AGENTS/DRUGS

MEDICATIONS:

S.NO	DRUG	STRENGTH	FREQUENCY	SPECIAL INSTRUCTION
1	TAB TACSTEAD	2.0MG---2.0MG	1-0-1	
2	TAB WYSOLONE	5MG	1-0-0	
3	TAB MY 360	360MG	1-0-1	
4	TAB SEPTRAN-DS	1TAB	1-0-0	ALTERNATE DAY
5	TAB ARKAMINE	0.1MG	1-0-1	
6	TAB CILACAR-M	10/25MG	1-0-0	
7	TAB SARTEL	20MG	0-0-1	
8	TAB GEROZ-LP	1TAB	1-0-1	
9	TAB ECOSPRIN AV	75/10MG	0-0-1	START FROM 18-10-23.
10	TAB FEXANTO ER	40MG	0-0-1	ALTERNATE DAY
11	TAB RABICAP DSR	1TAB	SOS	
12	INJ HUMALOG	14-12-14	1-1-1	
13	INJ LANTUS	0-0-30UNITS		
14	TAB TRAJENTA	5MG	1-0-0	
15	TAB CREMALAX	2TAB	SOS	

FOLLOWUP:	14DAYS
INSTRUCTION S	HIGH GRADE FEVER/ALTERED SENSORIUM/DECREASED URINE OUTPUT FREQUENT VOMITING AND FREQUENT LOOSE MOTIONS PERSISTENT CHEST PAIN SEVERE DIFFICULTY IN BREATHING ALTERED LEVEL OF CONSCIOUSNESS RASH OVER SKIN SWELLING OVER BODY PLEASE CONTACT 0522-678-0001, 0522-678-0002 (EMERGENCY RECEPTION), 0522-678-0014, 0522-0015(EMERGENCY WARD). 24 X 7 MRI & CT SCAN FACILITY , PHARMACY AND AMBULANCE SERVICES. MEDICINES: 0522-678-1720, 0522-678-1721 (OPD PHARMACY) ADMISSION / OPD APPOINTMENT: 0522-678-2163, 0522-678-2159(MAIN RECEPTION). PATHOLOGY TESTS- SAMPLE COLLECTION FROM HOME - 0522-678-1841-42
SIGNATURE	 (Dr Sahri Salman) Mphw JR



DISCHARGE SUMMARY

DEPARTMENT OF NEPHROLOGY

NAME: RAM KUMAR SINGH	AGE/SEX: 57/M	UHID: 23012188
DATE OF ADMISSION: 14-10-23	DATE OF DISCHARGE: 15-10-23	
TREATING DOCTORS: DR.VENKATESH.T MBBS, MD, DM(NEPHROLOGY)/ DR. SHOMIT SINGH MBBS, MD		

DIAGNOSIS:	POST RENAL TRANSPLANT 17-09-2014 DONOR : SISTER INDUCATION : ATG MAINTANANCE : TAC + MMF + PRED STABLE GRAFT FUNCATION/NORMAL LV FUNCTION(04/23) 04/23: UTI/AKI ON CKD/SEPSIS/SEPTIC SHOCK/ARDS/ATRIAL FIBRILLATION
CURRENT ADMISSION	FOR GRAFT KIDNEY BIOPSY
HISTORY:	57/M POST RENAL TX ON REGULAR FOLLOWUP , DETECTED TO HAVE SUBNEPHROTIC PROTEINURIA. HE WAS ADMITTED FOR RENAL BIOPSY.
O/E:	O/E PT C/C AFEBRILE, EDEMA- BP-140/86 PR-90/MIN CVS/RS/PA:NORMAL
HOSPITAL COURSE	PATIENT WAS ADMITTED. AFTER ENSURING NORMAL COAGULATION PARAMETERS AND NFORMED WRITTEN CONSENT,HE WAS TAKEN FOR USG GUIDED GRAFT KIDNEY BIOPSY. GRAFT BIOPSY WAS DONE ON 14-10-23. THERE WERE NO PERIPROCEDURAL COMPLICATIONS. HE IS BEING DISCHARGED WITH STABLE VITALS.
INVESTIGATION S	ENCLOSED
PLAN	COLLECT RENAL BIOPSY→DECIDE ON FURTHER TREATMENT.

TREATMENT

DIET AS ADVISED / AVOID NEPHROTOXIC AGENTS

INPUT=3000ML

INPUT/OUTPUT/TEMPERATURE MONITORING.

MEDICATIONS

S.NO	DRUG	STRENGTH	FREQUENCY	SPECIAL INSTRUCTION
1	TAB TACSTEAD	2.0MG--2.0MG	1-0-1	
2	TAB WYSOLONE	10MG	1-0-0	
3	TAB MY 360	360MG	1-0-1	
4	INJ FYTOPENEM	1GRAM	1-0-1	
5	TAB MILIFAST	100MG	1-0-1	IN 100ML NS OVER 30MINS
6	TAB SEPTRAN-DS	1TAB	1-0-0	
7	TAB EMBETA XR	12.5MG	1-0-1	
8	TAB SOBISIS FORTE	1000MG	1-0-0	
9	TAB EIDO FE FORTE	1TAB	1-0-0	
10	INJ JUVOBIN	40MCG	1/WEEK	
11	TAB NEPHTOR	10MG	1-0-0	SC
12	TAB RABICAP DSR	1TAB	1-0-0	
13	INJ HUMALOG	14-14-12		
14	INJ LANTUS	0-0-30UNITS		

FOLLOWUP:	3 DAYS. CBC KFT LFT URINE R/M
SIGNATURE	 DR. VENKATESH MBBS, MD, DM (NEPHROLOGY) CONSULTANT NEPHROLOGIST & RENAL TRANSPLANT PHYSICIAN SAHARA HOSPITAL, GOMTI NAGAR, LUCKNOW



NAME: RAM KUMAR SINGH	AGE/SEX:- 57/M
UID: 123012188	DATE: 16-05-2023

DIAGNOSIS:	POST RENAL TRANSPLANT 17-09-2014 DONOR : SISTER INDUCATION : ATG MAINTANANCE : TAC + MMF + PRED STABLE GRAFT FUNCATION/NORMAL LV FUNCTION(04/23) 04/23: UTI/AKI ON CKD/SEPSIS/SEPTIC SHOCK/ARDS/ATRIAL FIBRILLATION
CURRENT COMPLAINTS:	NIL

PRESENT STATUS:

PALLOR:-	EDEMA: -VE	BP-140/90	CVS/RS:NORMAL
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INVESTIGATIONS:

DATE	28-04-23	13-5-23	09-06-23
HB/TLC	11.10/11.45	11.50/7.68	10.20/8.35
BUN/CREAT	35.96/1.95	28.02/1.34	32.69/1.39
NA/K	142/4.89	138/5	140/5.10
CA/PO4/UA	8.80/3.80/6.40	8.80/3.70/8.20	8.70/4.0/4.70
AST/ALT/ALP	23.0/19/84.0		X
TP/ALB	6.40/3.50		6.40/3.60
TC/TG	X		X
FE/TIBC	X		X
HIV/B/C	X		X
IPTH/VITD3	X		X
URINE R/M	P-2+/R- 2.40/PC-6.70		P-/Ro.0/PC- 2.80
SPOT PCR	X	24HR - 1.47G/720MG	X
TSH	1.19		X
HBA1C	X		X



NAME: RAM KUMAR SINGH	AGE/SEX: 57/M
UHID: 23012188	DATE: 12-08-23

DIAGNOSIS:	POST RENAL TRANSPLANT 17-09-2014 DONOR : SISTER INDUCATION : ATG MAINTAENANCE : TAC + MMF + PRED STABLE GRAFT FUNCATION/NORMAL LV FUNCTION(04/23) 04/23: UTI/AKI ON CKD/SEPSIS/SEPTIC SHOCK/ARDS/ATRIAL FIBRILLATION
CURRENT COMPLAINTS:	NIL

PRESENT STATUS:

PALLOR:-	EDEMA: -VE	BP-180/80 HOME BP-145/70	CVS/RS:NORMAL
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INVESTIGATIONS:

DATE	28-04-23	13-5-23	09-06-23	08-08-23
HB/TLC	11.10/11.45	11.50/7.68	10.20/8.35	10.80/8.07
BUN/CREAT	35.96/1.95	28.02/1.34	32.69/1.39	35.49/1.49
NA/K	142/4.89	138/5	140/5.10	138/5.75
CA/PO ₄ /UA	8.80/3.80/6.40	8.80/3.70/8.20	8.70/4.0/4.70	9.0/3.80/4.70
AST/ALT/ALP	23.0/19/84.0		X	25.0/25.0/-
TP/ALB	6.40/3.50		6.40/3.60	6.60/4.10
TC/TG	X		X	X
FE/TIBC	X		X	X
HIV/B/C	X		X	X
IPTH/VTID ₃	X		X	X
URINE R/M	P-2+/R- 2.40/PC-6.70		P-/Ro.0/PC- 2.80	P-1+/R- 0.40/PC-14.10
SPOT PCR	X	24HR - 1.47G/720MG	X	2.15
TSH	1.19		X	X
HBA _{1c}	X		X	5.6
TAC				4.08



30/10/2023

ATU:

V/L:

Mr. R. K. Singh.

- DM / HT
 - CKA - Tx - 19/7/2014 (A - Insulin 100% PCA)
 - UTI / Ac Pyelo. - April 2023.
 - CAN → Creat 1.5 - 1.7.
 U. R + P/R - 2.15.
 Bx - 1/5 - G2, Mild Mes extrin
 IF7A - 8-10%; Mod. atk = 1
-
- IF 2 cud A SV-100 Mag

A.

- Tacrolod 2 mg twice
- My-360 1 twice
- Wyodene 5 mg once
- Cilacar 20 mg twice
- Santel 40 mg twice
- Escopin - AV (25/10) once
- Silodal 8 mg once
- Lephon - OS (Bactrim - OS
 1 tab alternate days.
- ME-12-00 1 once

CBL
KFT,
 after 1 mth
 Mughal

Available on prior appointment only

• Calceol sachet once/mth

Mughal