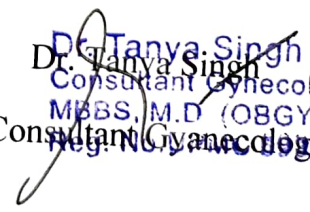


Date: 26/12/23

TO WHOM SOEVER IT MAY CONCERN

This is to certify that Mrs. **YASHA SHARMA** W/o **SACHIN JOSHI** bearing UHID No. **LKO0005651** are undergoing IVF treatment at INDIRA IVF HOSPITAL PVT. LTD. They are required to report at the hospital regularly for their IVF-stimulation process and further treatment.


Dr. Tanya Singh
Consultant Gynecologist
MBBS, M.D (OBGY)
Consultant Gynecologist

Centre Seal

Doctor Seal



SAVE GIRL CHILD

बेटी बचाओ/बेटी पढ़ाओ, अभियान में सहयोग करें।

Indira IVF Hospital Pvt. Ltd.

Registered Office :

4th Floor, C Tower, Times Square Building, Marol, Gamdevi, Andheri Kurla Road, Andheri East, Marol Naka, Mumbai- 400059, (Mah.), India

गर्भ/भ्रूण का लिंग परीक्षण करना/करवाना कानूनन अपराध है। यह कार्य हमारे यहां नहीं किया जाता है।

Website : www.indiraivf.com

Email : info@indiraivf.in

CIN: U85110MH2015PTC406059

Patient Name: YASHA SHARMA. Husband Name: SACHIN JOSHI.
Registration No.: 202310254K00013305 OPD:

Address: AGARWAL COLONY BHINDI MADHYA PRADESH, BHINDI MADHYA PRADESH, India Age: 33 Gender: Female
Stage: FII For Transfer (IIT) Cycle Plan: IVF- OPU with SS Doctor: DR. TANYA SINGH

Rx: T. Drocin - dd 1-1-1 x 3 days

| Sr. No. | Medicine | Dosage | Frequency | Timings | Route | Days | Notes |
|--------------------|---|--------|---------------------|---------|-------|------|--|
| धूम करे आम ले | | | | | | | |
| 1 | Tablet Hydrogesterone (DUPHASTON 10 MG 30'S PACK) | 10 mg | दिन में दो बार रोज | | Oral | 15 | एक गोली सुबह एक गोली शाम को रोज भोजन के बाद दूध या पानी के साथ |
| 2 | Progesterone (INPROGEST GEL) | 8% | दो बार रोज ले | | PV | 15 | दिन में दो बार जेल लगाए |
| 3 | Tablet Rabeprazole (REPEPSIA 20MG TAB) | 40 mg | रोज दिन में दो बार | | Oral | 15 | एक गोली सुबह और एक गोली शाम को खाली पेट पानी के साथ |
| 4 | Tablet Aspirin (ECOSPRIN 75MG TAB) | 75 mg | दिन में एक बार रोज | | Oral | 15 | हट सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली |
| 5 | Tablet Estradiol (FEMISTROGEN 28'S TAB) | 2 mg | रोज दिन में तीन बार | | Oral | 15 | एक गोली सुबह दोपहर, शाम को रोज भोजन के बाद दूध या पानी के साथ |
| 6 | Tablet Folate & iodine & Vit A & Vit B12 & Vit D & Omega 3 & Zing & Vit C & Vit B6 Anti emetic blend (ANTENATAL 30s1) | | दिन में एक बार रोज | | Oral | 15 | हट सुबह नाश्ते के बाद पानी या दूध के साथ एक गोली |
| 7 | Injection Enoxaparin (GRAVIPARIN 300MG INJ) | 40mg | स्टेट | | S/C | 15 | रोज |
| 8 | Injection TRIPTORELIN ACETATE (DECAPEPTYL 0.1MG INJ (SALABLE)) | 0.1 mg | स्टेट | | S/C | 1 | एक |
| 9 | Syrup Cholecalciferol (EGROCAL D 5ML) | 5 ml | 15 दिन में एक बार | | Oral | 1 | हट 15 दिन में |
| 10 | Tablet Prednisolone (WYSOLONE 5 MG) | 10 mg | रोज दिन में दो बार | | Oral | 15 | एक गोली सुबह एक गोली शाम को रोज भोजन के बाद दूध या पानी के साथ |
| दिनांक: 08/12/2023 | | | | | | | |
| 11 | Injection Intravenous fat emulsion for infusion (INTRALIPID 20% 250 ML) | 250 ml | स्टेट | | IV | 1 | EVERY 14 DAYS |
| दिनांक: 08/12/2023 | | | | | | | |
| 12 | Injection Human normal immunoglobulin (INTAGLOB 18.5%) | 16.5 % | स्टेट | | IM | 1 | EVERY 14 DAYS |
| 13 | Tablet Hydroxychloroquin e (HCQS 400 MG TAB) | 400 mg | एक गोली रोज रात में | | Oral | 15 | एक गोली रोज शाम को भोजन के बाद दूध या पानी के साथ |
| 14 | Capsule Probiotic (PREG BIOME 30s CAP) | - | रोज दिन में दो बार | | Oral | 15 | एक गोली सुबह एक गोली शाम को रोज भोजन के बाद दूध या पानी के साथ |
| 15 | Protein Bar and Biscuit (VOLL PRO PROTEIN KIT) | - | OD | | Oral | 30 | ONE PROTEIN BAR IN MORNING |

Advices

| Sr. No. | Advices | Remark |
|---------|----------------------------|------------|
| 1 | Serum βhCG to be done on : | 22-12-2023 |

Next visit : 14 Tentative visit date: 22-12-2023

Remark:

Dr. Tanya Singh
MBBS, MD (OBGYN)
Consultant Gynecologist
REG. NO. NIRMIC 59340

FROZEN EMBRYO TRANSFER REPORT

UHID: P091022LKO0005651 REFERENCE NO.: 20231208LKO0002790 WIFE NAME: YASHA SHARMA. AGE: 33 DATE: 08-12-2023
CYCLE: TWO CURRENT CYCLE / REVISION: 1/1 CYCLE PLAN NAME: IVF- OPU WITH SS HUSBAND NAME: SACHIN JOSHI. AGE: 33

PLANNED PROCEDURE DETAILS

| | |
|----------------------------|---|
| PROCEDURE DONE OPU ICSI | SERVICES AVAILED > BLASTOCYST CULTURE > LASER ASSISTED HATCHING(LAH) |
|----------------------------|---|

THAW EMBRYO DETAILS

| THAW DATE | STRAW NO. | DAY OF EMBRYO | EMBRYO QUALITY | INVESTIGATION STATUS |
|------------|-----------|---------------|----------------|----------------------|
| 08-12-2023 | 1 | DAY-5 | 3 AA | - |

TRANSFER EMBRYO DETAILS - SINGLE EMBRYO TRANSFER

| TRANSFER DATE | DAY OF EMBRYO | EMBRYO QUALITY |
|---------------|---------------|----------------|
| 08-12-2023 | DAY-5 | 3 AA |

REMAINING FROZEN EMBRYO DETAILS

| FREEZING DATE | STRAW NO. | DAY OF EMBRYO | EMBRYO QUALITY | RENEWAL DATE | INVESTIGATION STATUS |
|---------------|-----------|---------------|----------------|--------------|----------------------|
| 11-11-2023 | 2 | DAY-5 | 3 AA | 11-11-2024 | - |
| 11-11-2023 | 2 | DAY-5 | 2 AB | 11-11-2024 | - |

BHCG Due On: 22-12-2023

3 | embryo

2AA

11.11.2024

When To Obtain Urgent Care: If You Have Any Of The Following Symptoms, Please Contact Your Doctor/Physician Or Call At The Following Number.

1. Sudden Onset Of Abdominal Pain
2. Difficulty Tolerating Fluids.
3. Difficulty In Breathing
4. Decreased Urination.
5. Abdominal Swelling
6. Continued Vomiting/Nausea.
7. Other Symptoms: _____

Discussed
3 embryo
Total 3 embryo
DOCTOR - Dr. Tanja

EMBRYOLOGIST - JASHI SHI

* Embryo Freezing Renewal Date Will Be One Year From The Date Of The Freezing.

Joshi

1) All CS. 1st step.
2) Diag Lap.

ET MONITORING SHEET

HID No: LK00005651
 No. No: Yasha
 Wife Name: Yasha / Age: 33
 Husband Name: Sachin / Age: 30
 Semen Analysis: Count: mil/ml Motility: %
 Down Regulation used: Y/N
 Drug: Goserelin Date: 11/11/23
 Estrogen used: Estradiol Dose: 2TDS
 Estrogen Start date: 16/11/23

Single embryo transfer
 Double embryo transfer
 Plan: ICSI/ICF
 Special Services:
 LAH:
 BLASTOCYST:
 Ovaries $\left\{ \begin{array}{l} \text{Rt} \\ \text{Lt} \end{array} \right.$

USG ON THE DAY OF START OF GESTONE

Endometrium Thickness: Grade: Vascularity:
 Doppler: RI: PI: PSV:
 Day of Cycle (OD):

Endometrial Volume: 2TDS 3

- Tab. Estrabet 2mg / Tab. My Estra 2mg / Estrogel / orally
 दो गोली सुबह — दो गोली दोपहर — दो गोली शाम
- Tab. Folsafe-L, Orally 1 OD
 एक गोली सुबह
- Tab. Loprin / Ecosprin 75mg, Orally 1 OD
 एक गोली सुबह
- Gyargin Sachet, Orally 1 BD x 3 Days
 एक पाऊच सुबह — एक पाऊच शाम पानी के साथ लेना है
- Tab. Sildenafil/Optithick / orally 1 TDS (Vaginally) x 2 Days
 एक गोली सुबह — एक गोली दोपहर — एक गोली शाम अंदर रखनी है

कृपया ध्यान दें...
Kind Attention Please:
 यहां लिखी सभी दवाइयां आपके भ्रूण प्रत्यारोपण (Embryo Transfer) होने तक निरन्तर लेनी हैं।
 All these medications to be taken continuously till embryo transfer

Adv
CBC, RBS, TSH, S-PRU, URINE

Inj. XGrast/ Endokine (Subcutaneous) 27/11
 Date: 24/11/23 27/11/23 3/12 ROUTINE
 Day of Menses: 9th day 12th day 18th day P4
 Endometrium: 8.3mm 8.3mm 8.2mm

PRP (Platelet Rich plasma):
 Husband to come on: 4 x mytelme 1 x 10 days

Notes: (4)
 Semen Sample on: at A.M.
 Inj. Gestone (100mg IM) 03/12 11/12 5/12
6/12 7/12 8/12

Embryo Transfer Scheduled on: 8/12
 Inj. Lonopin 40mg / ~~60mg~~ Subctaneous Start date: 3/12 Daily
 Name of Doctor: Dr. Singh Signature: [Signature] Date: 3/12 Time: 5pm

