



SETH ANANDRAM  
**JAIPURIA SCHOOL**

**EMPOWER • ENTHUSE • EXCEL**

Mauza Chandauxhi, Hamirpur to Sagar Marg, Kuchhecha, Hamirpur  
Website : [www.jaipuriahmp.com](http://www.jaipuriahmp.com) Phone : 09695447778 e-mail : [tjshamirpur@gmail.com](mailto:tjshamirpur@gmail.com)

**Student ID Card 2019-20**



Name : **Aviral Rai**  
Class : **X**  
Father's Name : **Mr. Arun Kumar Rai**  
Mother's Name: **Mrs. Madu Rai**  
Address : **J-7, Chauradevi**  
**Chauraha, Hamirpur**

Phone No. : **9532600076**

*Principal*

# PAEC-4101



शरीरमाद्यं खलु धर्मसाधनम्

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

नाम/Name \_\_\_\_\_

## अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL

### उपचार/विभाग / Out Patient Department

General Consultation Time: 9.00 AM-1.00 PM



RD 103946349

Clinic No: PAEC- Clinic  
No. 2018/PAEC/4101  
Name: AVKIRAL RAI  
S/O AK RAI, 16Y 7D, M  
Ph: 9868940983  
OMEGA GREATER NOIDA, UTTAR PRADESH,  
Pin: 0, INDIA

DeptSeq: 306

Dept: Endocrinology

Unit: Unit-I

Room: 1 Endo

N/19

Days:

App. Date: 27/08/2018

HOSPITAL PREMISES

OPR-6

/O.P.D. Regn. No. \_\_\_\_\_

पता/Address \_\_\_\_\_



Appt. ID:

2018082713239

निदान/Diagnosis

Pediatric & Adolescent Endocrinology Clinic (PAEC)  
Department of Endocrinology & Metabolism, AIIMS  
Every Monday, 2 to 4 pm, 2nd Floor, Main OPD Block

दिनांक/Date

उपचार/Treatment

Ht - 149.2 cm  
wt - 37.2 kg  
mht - 164.6 cm  
fht - 169.6 cm  
MPH - 173.6  
HC SDS - 2.6  
wakeup - (4)  
Subclinical  
Hypothyroid

Significant Short stature  
Short for MAH  
Multiple dysmorphic features  
operated for cleft palate  
Bone age 13<sup>6</sup>/<sub>12</sub> yrs Chronage 15<sup>6</sup>/<sub>12</sub>  
? Araskog Syndrome

HC prognosis explained

Plan:

- Dental Problem - Dr Vijay Malhotra  
Dental OPD, CDER
- Voice problem - ENT consultation

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Dr Praveen Sharma faculty cell



शरीरमाद्यं खलु धर्मसाधनम्

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग /Out Patient Department

4

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

New Patient

Dept Reg. 2018/025/0008282

General/रु 10

OPR-6

एकक/Unit \_\_\_\_\_

Endocrinology/Unit-I कम्बरा/Room: 1 Endo

Name: AVKIRAL RAI Days : Mon, Fri

विभाग/Dept. \_\_\_\_\_

नाम: अवकिराल राय

16Y पुरुष/M

gn. No. \_\_\_\_\_

नाम/Name

S/O AK RAI

Ph. 9868940983

पता/Address \_\_\_\_\_



UHID : 103946349

Date 20/08/2018

निदान/Diagnosis

? Short stature.

दिनांक/Date

उपचार/Treatment

Ht = 151 cm  
wt = 38 kg.

C/S/B h-4-hupta

PM 169.6mm 75%  
MM 281.1kg  
- 164.6mm

AV

R/A involvement

Teeth

Plz provide file.

27/8

For opinion of Sr.  
and registration  
in PAEC Clinic  
Handed

22/8/18

Please Register in  
PAEC 2.00 PM OPD

DR. RAJESH KHADGAWAT

CLEAN AND GREEN AIIMS / एम्स की यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



# METRO HOSPITALS & HEART INSTITUTE

(A unit of Metro Institutes of Medical Sciences Pvt. Ltd.)

CIN No : U00000DL1990PTC039293

OPD INITIAL ASSESSMENT

DEPARTMENT OF CARDIOLOGY

QUALITY CERTIFICATIONS



NAME OF PATIENT

Ausab Rai

AGE/SEX

15y 1m

ID NO.

22108118  
DATE / IN TIME

<p><b>PRESENT COMPLAINT :</b></p> <p>cu - fever - throat discomfort - cough</p> <p><b>PAST HISTORY :</b></p> <p>Sd x. Tab Cepodem during 160</p> <p><b>FAMILY HISTORY :</b></p> <p>2 day x. Tab curocin 500mg 15M</p> <p><b>EXAMINATION :</b></p> <p>Sd x. Tab Minlexin - 1000 tab 100 ①. for Ginkgobichy 1 TB - TM</p> <p><b>DIAGNOSIS :</b></p> <p><b>DRUG ALLERGY :</b></p>	<p><b>INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED</b></p> <p>(DOCTOR SIGNATURE) <i>[Signature]</i></p> <p>OUT TIME</p>
<p>FOR OPD APPOINTMENT: +91 98711 24095 (Cardiology)</p>	<p>Next Followup: <i>[Signature]</i></p>

NUTRITIONAL SCREENING:  Wt. Loss  Loss Of Appetite  Muscle Wasting  Delay Wound Healing  Lethargy  Decrease Mobility

Pain scale



0. NO PAIN



02 Mild Pain



04 Annoying Pain



06 Moderate Pain



08 Severe Pain



10 Worst Pain

Cardiology Wing X-1, Sector-12, Noida - 201301

Tel. : 0120-2533491, 2444466, 4366666 | Fax : 0120-2533487

Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi-110024

Multispeciality Wing L-94, Sector 11, Noida-201301

Tel. : 0120-2522959, 2442666 | Fax : 0120-2442555

MHHI/CL/0001 (Rev. No. 01)

11/1

100/



आत्मना सर्वो जितः

# OUT PATIENT RECORD

DEPARTMENT OF MEDICAL GENETICS  
SANJAY GANDHI POSTGRADUATE INSTITUTE  
OF MEDICAL SCIENCES, LUCKNOW- 226014

: 2494076 (OPD)  
Tel. : 2494325 (Office)  
: 2494380/2494334

Name Avril Roy. CR No. 2013618425 Diagnosis

Date	Clinical Condition	Advice
<p><u>26/2/14.</u></p> <p>2/1/14</p> <p>HT - 125 cm. (-2SD to -3SD)</p> <p>WT - 23 kg (3rd - 5th centile)</p> <p>HC - 50.2 cm.</p> <p>- Normal Development milestones.</p> <p>- Karyotype -</p> <p>- TTA - Normal</p> <p>- Echo - Normal</p> <p>- MLPA (common microdeletions including VCF) - Normal</p> <p>- Face → small palpebral fissure.</p>	<p>△</p> <p>Adv:</p> <p>✓ Syp.</p> <p>- Paediatric, surgery, Consultation.</p> <p>- MLPA (for specific velocardiofacial dysmatury probe set)</p>	<p>11 years male.</p> <p>- cleft palate operated.</p> <p>- Left sided undescended testis with inguinal hernia.</p> <p>Zincovit 1 tsf OD x 1m</p> <p>Awaited.</p>

Facial changes can be attributed to cleft palate. Please bring this Card at each visit.

Pom

(1-15)

# विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

2/1/11

## PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Arunal Age/Sex : 16y Ref. Deptt./Unit : f A. Date :

Indoor (Bed No.) / Outdoor/ Casualty UHID No. : LMP :

Examination Required : 10 3 4 4 6 3 4 4

Clinical History and Examination :

Short stature.

### Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

Signature of Referring Physician / Date :

① CXR - PAV  
② x-ray Bly legs.  
③ x-ray skull later

### Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : \_\_\_\_\_

Room No. : \_\_\_\_\_

Time Slot : 8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30
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X- Ray No. : Size / No. of Films

Date : Kvp/mAS :

Sign. of Radiographer :

P.T.O.

(1-15)

# विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

## PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name: Arunal Age/Sex: 16y Ref. Deptt./Unit: \_\_\_\_\_ Date: 20/5/18

Indoor (Bed No.) / Outdoor/ Casualty \_\_\_\_\_ UHID No.: \_\_\_\_\_ LMP: \_\_\_\_\_

### Examination Required :

Clinical History and Examination : Stat status.

Clinical / Working Diagnosis : Xy Lt hand — Bone Dye.

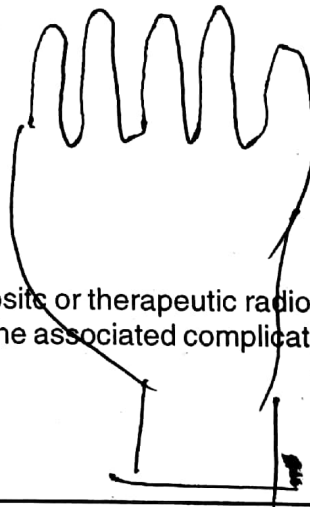
Blood Urea / S. Creatinine :  
Any h / o allergy or asthma :  
(for IVU patients only) :

Signature of Referring Physician / Date :

### Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :



[Signature]

Your appointment is on : \_\_\_\_\_

Room No. : \_\_\_\_\_

Time Slot : 8:30    9:00    9:30    10:00    10:30    11:00    11:30    12:00    12:30

X- Ray No. : \_\_\_\_\_ Size / No. of Films \_\_\_\_\_

Date : \_\_\_\_\_ Kvp/mAS : \_\_\_\_\_

Sign. of Radiographer : \_\_\_\_\_ P.T.O.

0522-2494082 (2.30-4.00 pm)

Dr. V. Bhatia  
Professor  
Department of Endocrinology  
S.G.P.G.I.M.S., Lucknow

Wed/Thurs



Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow  
Deptt. of Endocrinology

Patient OPD Record

For appointments: Tel.: (0522)-2494075, 2495004  
Medical Social Worker, OPD Hall No. 1  
Doctor's signature for medical reimbursement to be taken within 6 months of expenditure.

DOB - 26/12/02

Name Avni CR No. 2013618425 - Diagnosis

Age/Sex 10<sup>10</sup>/12 yrs  
24/10/13

Short stature /  
Multiple dysmaturisms

- WT = 21.6 kg
- HT = 124.4 cm
- OFC = 49 cm
- Broad forehead
- Microphthalmia
- Broad nasal bridge
- Prominent columella
- ? Micrognathia

TV ~ 2-3rd, SPL (+), PH,

- Plan =>
- Genetic follow up
  - Chemistry
  - Thyroid profile
  - 6 month date

TTC (n)  
Chem } (n)  
Hb }  
T<sub>4</sub> }  
TSH }  
23/7/15  
12/7/12

25.7  
132  
GV<sub>21</sub> = 4.4 cm/yr  
Prepubertal TV 3ml b/l

At To follow for onset  
of puberty.  
6 month date

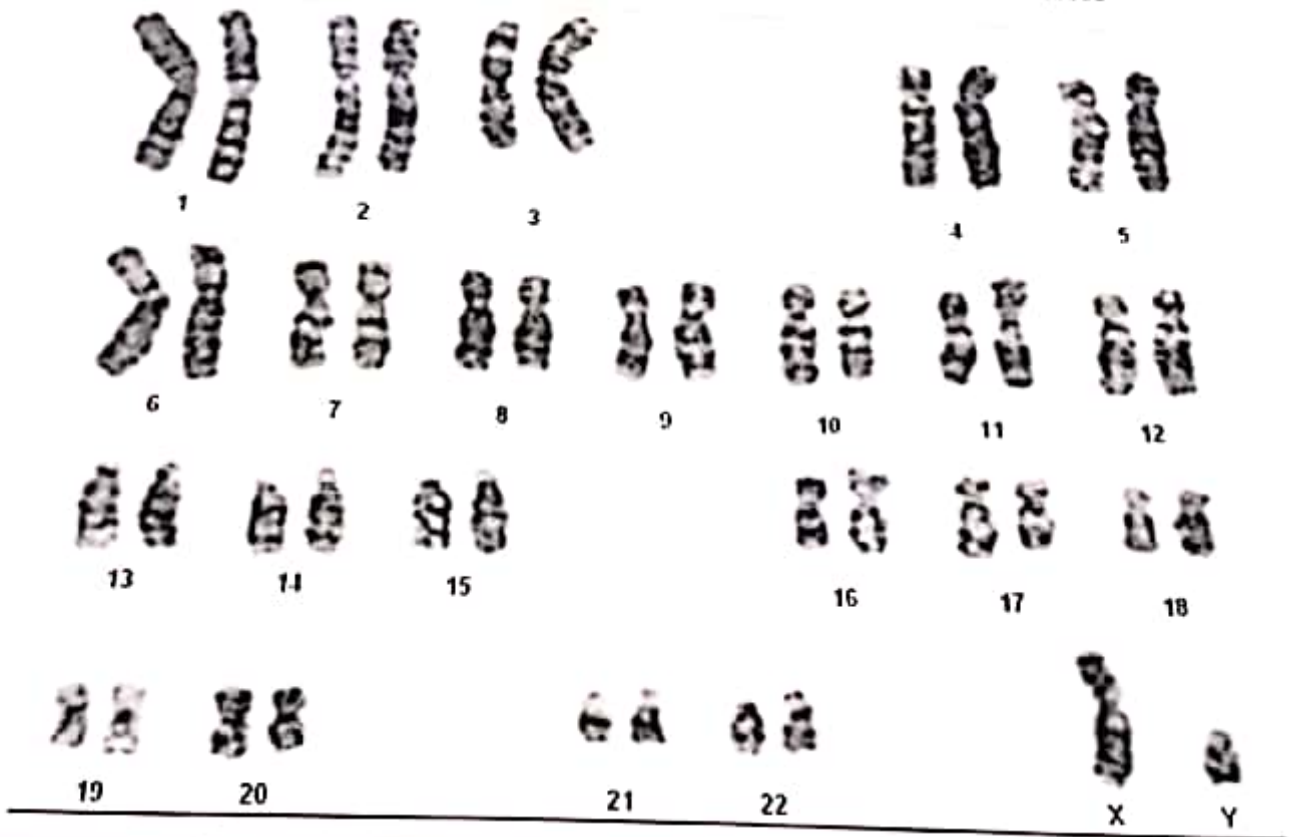
28/02/16



Department of Medical Genetics  
Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow  
**CYTOGENETICS LABORATORY**

Patient Name: **Avril Roy**  
Indication: **Cleft palate(operated) ? Velocardiofacial**  
Receive Date: **Thursday, October 24, 2013**

Cr. No. : **2013618425**  
Specimen: **Peripheral Blood**  
Sample ID: **10890**



Total Metaphases Analyzed: **20**

Results: **46,XY**  
**Normal male karyotype**

Comment: **No detectable abnormality.**



160.5, 16.8

Label - Slide/Cell: **10890B2 - 1/1**