



Medtronic

IMPLANTED DEVICE IDENTIFICATION CARD



IN CANADA) IF EMERGENCY, CALL 911. (For implantable cardioverter defibrillators (ICDs)) Perform CPR. Device therapeutic shocks may be felt but will not be painful. EMT: Place the external defibrillator paddles 15 cm away from ICD. If active, switch positions to posterior-anterior. Placing a magnet over the ICD will prevent delivery of tachy therapies but will not alter brady pacing.

IN CASE OF EMERGENCY, CONTACT PHYSICIAN(S):

NAME DR. SANJEEV SAXENA TEL

NAME METRO HOSPITAL, Meerut TEL

This is your patient's temporary identification card. Please complete it and advise your patient to keep it where it may be readily located. (In USA and Canada) Upon receipt of registration, Medtronic will mail your patient a permanent identification card to replace this one.

TEMPORARY ID CARD

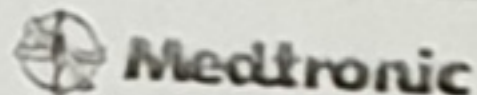
MY NAME MRS PREMWATI SINGH TEL 939901926

ADDRESS BH-43, PH-1, PALLAV PURAM, Meerut, U.P.

I HAVE AN IMPLANTED  PACEMAKER  ICD  MONITOR MODEL / SERIAL NO. 28/10/2014 IMPLANT DATE



SN NWW018371G



4092 - 58 cm

SN

LEP547032V

Medtronic, Medtronic of Canada, Ltd., 6733 Kilmat Road, Mississauga, Ontario L5N 1W3 (800) 268-5346

NUTRITIONAL SCREENING DONE:

DRUG ALLERGY:

EXAMINATION:

BP

PR

SPO2

WT

DIAGNOSIS

*Smriti*

*[Signature]*

PROPOSED CARE PLAN EXPLAINED

EXPECTED OUTCOME EXPLAINED

POSSIBLE COMPLICATIONS EXPLAINED

NUTRITIONAL CARE ADVISED

(DOCTOR SIGNATURE)

OUT TIME

FOR OPD APPOINTMENT : +91 8126906607

Next Followup:

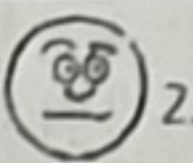
NUTRITIONAL SCREENING:-

- Wt. Loss
- Loss of Appetite
- Muscle Wasting
- Delay Wound Healing
- Lethargy
- Decrease Mobility

Pain scale



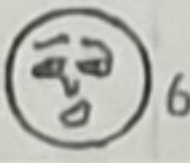
0. NO PAIN



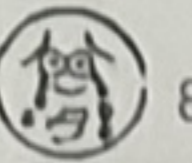
2. MILD PAIN



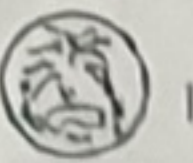
4. ANNOYING PAIN



6. MODERATE PAIN



8. SEVERE PAIN



10. WORST PAIN

47/G-5, Boundary Road, Lal Kurti, Meerut Cantt. Ph.: 0121-2665033-41-42-44, Fax : 0121-2645301. mhimeerut@metrohospitals.com Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi -110024 MHHI/CL/0001(Rev. No. 01)

ITALS & HEART INSTITUTE

tro Institute of Medical Sciences Pvt. Ltd.)

NO. U00000DL1990PTC039293

INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



142012-0120

A) NAME OF PATIENT

AGE/SEX

MRS Premwati

ID.No.

Date/In Time

INVESTIGATION / TREATMENT

TRM, PPI (28.10.14) medhome

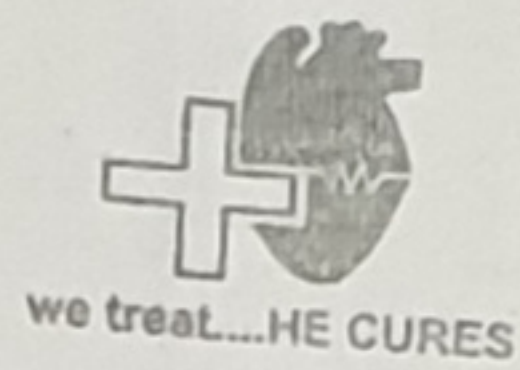
Nexovas . 10  
Desipyllin R-300  
Mntair - FX  
Caldex ND - PLUS  
DUTO R-5  
Revotril (5)  
Pan - 0

Calcitol  
50 15 14 14

150004216

2014003749

**Dr. SANJEEV SAXENA**  
M.D. (Med), D.M. (Cardiology) F.A.C.C. (USA), F.SCAI (USA)  
Reg No : MCI-8888  
Interventional & Consultant Cardiologist  
Director Cardiology



**METRO HOSPITALS & HEART INSTITUTE**  
(A Unit of Metro Institute of Medical Sciences Pvt. Ltd.)  
(NABH Accredited & ISO 9001:2008 Approved Institute)  
47/G-5, Boundary Road, Lal Kurti, Meerut Cantt.  
Ph.: 0121-2665033-41-42-44, Fax : 0121-2645301  
E-mail : sanjeevcardio@yahoo.com

Mrs Hemvati Singh

BP 130/61 mmHg

PR 47 mt

SpO2 98.1

63 yr

Ⓝ CAG

TDM, HP, VBI (PPI)

Ⓝ LV

20/5/15

28-10-14

- Desiphen R-300 Ⓝ ——— Ⓝ
- Ⓝ S. Numlo 2.5 Ⓝ ———
- CORCIUM-PLUS ——— Ⓝ
- Revotril (5) Ⓝ ——— Ⓝ
- DYTOR (5) Ⓝ ———

सबसे एक दिन का-ति

AS

6 मात्रा

Nucoxig 120  
Ⓝ 505

hospital, Nojda

Dr. SANJEEV SAXENA

M.D. (Med), D.M. (Cardiology) FACC, FSCAI  
Reg No. MCI-8686  
Interventional & Consultant Cardiologist  
Director Cardiology



METRO HOSPITALS & HEART INSTITUTE

(A Unit of Metro Institute of Medical Sciences Pvt. Ltd.)  
CIN No. - U00000 DL 1990 PTC 039293  
Reg. off. 14, Ring Road, Legpat Nagar-IV New Delhi-24  
(NABH Accredited & ISO 9001:2008 Approved Institute)  
47/G-5, Boundary Road, Lal Kurti, Meerut Cantt.  
Ph: 0121-2665033-41-42-44. Fax: 0121-2645301

20-01-15

Mrs. Renuati

(N) CTA

TDM

HT:

VVI (PPI)

28-10-14

(N) EF

SpO2 97%  
PR. 104 / mt  
BP 148 / 90

- CORCIUM-PLUS
  - Renetic (5) 1/2
  - NEXOVAS (5)
  - Demiphen R-300
  - DUTOR (5)
- 2am. Prit ETS etc

X 6 HETI

Rapitus sub

39  
Tab DOLO-650  
0 0

RMre 60K  
1 cap EG WPT  
ETS etc

160014294

2014003749

DR. SANJEEV SAXENA  
M.D (Med), D.M (Cardiology), FACC, FSCAI, FESC  
Reg No: MCI-8888  
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Ph.: 0121-2665033-41-42-44, Fax : 0121-2645301

B.P. 151/75  
P.R. 48  
SpO2 98%

Mr. Premwari, we treat... HE CURES  
Age - 65 / F

Date - 12-10-16

(N) CAG -

T2DM

PPI (28.10.14)

(N) EF

Desiphen R-300	(1)	—	(1)
Nexovas - 5	(1)	—	(1)
Revoteil (5)	(1/2)	—	(1)
Lasilacten	(1/2)	—	(1)
Ezorb Forti		—	(1)
Farnacid - 40		—	(1)

X 6 HET

Protonix  
Ruzgrammy

2nd Sat.



we treat...HE CURES

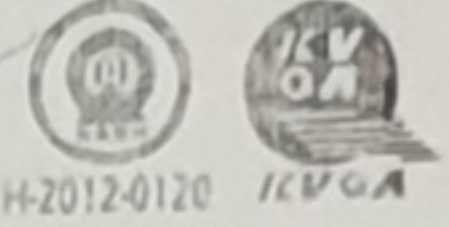
# METRO HOSPITALS & HEART INSTITUTE

(A Unit of Metro Institute of Medical Sciences Pvt. Ltd.)

CIN NO. U00000DL1990PTC039293

OPD INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



9837057744

**DR. SANJEEV SAXENA**

M.D.(Med), D.M.(Cardiology), FACC, FESC, FSCAI (USA)  
Interventional & Consultant Cardiologist.

Director Cardiology.

OPD Timings :

Mon to Fri : 09:00 Am to 06:00 Pm

Regn. No. : MCI-8888

NAME OF PATIENT

Premwati

AGE/SEX

13-11-18

ID.No.

Date/In Time

PRESENT COMPLAINT :

INVESTIGATION / TREATMENT

PAST HISTORY :

Glyco

(N) CATH T20M PPI (2014)

(N) CF

Medtronic

FAMILY HISTORY :

NUTRITIONAL SCREENING DONE :

DRUG ALLERGY :

EXAMINATION :

BP

PR

SPO2

Wt.

DIAGNOSIS

ABPHYN-100

dephelim - R 300

Nexovas - 10

DUTOR 5

Revotril (5)

Piggaba - M - 25

- Auler RD

B0-D3-PLVS

metagand CR-60

X UETA

Long fiber

6AET

RHEOVIT Cap

Glucomet - 50 - 500

PROPOSED CARE PLAN EXPLAINED ✓

EXPECTED OUTCOME EXPLAINED ✓

POSSIBLE COMPLICATIONS EXPLAINED ✓

NUTRITIONAL CARE ADVISED ✓

(DOCTOR SIGNATURE)

OUT TIME

FOR OPD APPOINTMENT : +91 8126906607

Next Followup:

NUTRITIONAL SCREENING:-

Wt. Loss

Loss of Appetite

Muscle Wasting

Delay Wound Healing

Lethargy

Decrease Mobility

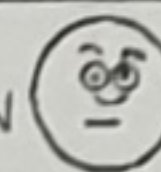
Pain scale



0. NO PAIN



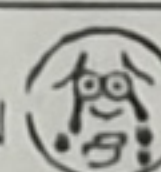
2. MILD PAIN



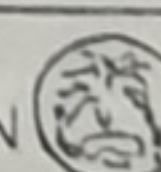
4. ANNOYING PAIN



6. MODERATE PAIN



8. SEVERE PAIN

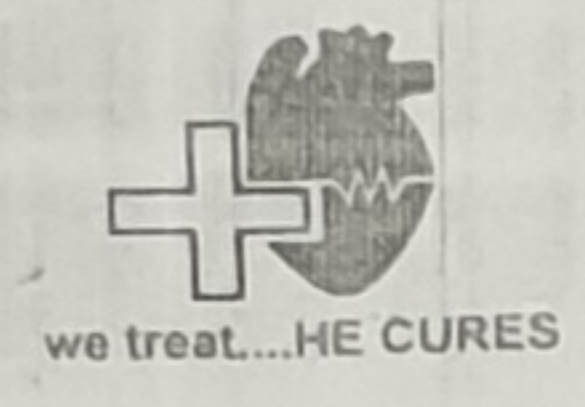


10. WORST PAIN

47/G-5, Boundary Road, Lal Kurti, Meerut Cantt. Ph.: 0121-2665033-41-42-44, Fax : 0121-2645301. mhimeerut@metrohospitals.com

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

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



Mrs. Rameswari

02-1-17

T<sub>2</sub>DM  
 PPI (28-10-14)  
 (M) EF

PR 60/m  
 B.P. 122/80

Ash  
 Pacemaker  
 Program  
2nd set

BP ↑  
 Nexovas (5) ○ — ○  
 Desiphen R 300 ○ — ○  
 Dutor (5) ○ — ○  
 Revotril (5) (1/2) — ○  
 Corcium - plus ○ — ○  
 Montafir - LC ○ — ○

✓ Pan-D ○  
 खाती वेर

6 महीने

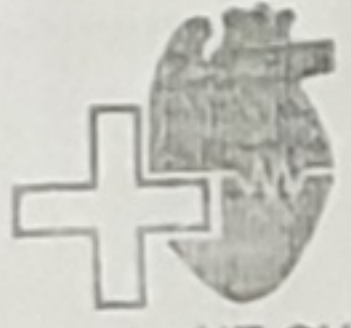
Calcitol  
 6 महीने

28-6-17

PR 60/m  
 spo<sub>2</sub> 98%

BP . slomehl m ✓  
 ○ — ○  
 ✓ ✓ NEUROKIND-PLUS

2/2



we treat...HE CURES

# METRO HOSPITALS & HEART INSTITUTE

(A Unit of Metro Institute of Medical Sciences Pvt. Ltd.)

CIN NO. U00000DL1990PTC039293

OPD INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



06-7-18

**DR. SANJEEV SAXENA**  
 M.D.(Med), D.M.(Cardiology), FACC, FESC, FSCAI (USA)  
 Interventional & Consultant Cardiologist.  
 Director Cardiology.  
 OPD Timings :  
 Mon to Fri : 09:00 Am to 06:00 Pm  
 Regn. No. : MCI-8888

NAME OF PATIENT

MRS. Premwati

AGE/SEX

ID.No.

Date/In Time

PRESENT COMPLAINT :

INVESTIGATION / TREATMENT

PAST HISTORY :

TDM, PPI (28.10-14)  
⑨ EF

FAMILY HISTORY :

PR. 60/M.

NUTRITIONAL SCREENING DONE :

DRUG ALLERGY :

98-.

EXAMINATION :

- BP
- PR
- SPO2
- WT
- DIAGNOSIS

X Barbit

Desiphen R-300

Nexovas-5

DUTO R-5

montan LC

Revotril (05)

Auloc RD

~~Cam~~ CaldekIND-PLUS

PROPOSED CARE PLAN EXPLAINED ✓

EXPECTED OUTCOME EXPLAINED ✓

POSSIBLE COMPLICATIONS EXPLAINED ✓

NUTRITIONAL CARE ADVISED ✓

Calcitol EC 15 Pkt

(DOCTOR SIGNATURE)

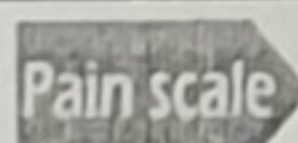
OUT TIME

FOR OPD APPOINTMENT : +91 8126906607

Next Followup:

NUTRITIONAL SCREENING:-  Wt. Loss  Loss of Appetite  Muscle Wasting  Delay Wound Healing

Lethargy  Decrease Mobility



0. NO PAIN  2. MILD PAIN  4. ANNOYING PAIN  6. MODERATE PAIN  8. SEVERE PAIN  10. WORST PAIN





we treat...HE CURES

# METRO HOSPITALS & HEART INSTITUTE

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CIN NO. U00000DL1990PTC039293

## OPD INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



**DR. SANJEEV SAXENA**  
M.D.(Med), D.M.(Cardiology), FACC, FESC, FSCAI (USA)  
Interventional & Consultant Cardiologist.  
Director Cardiology.

OPD Timings : Mon to Fri : 09:00 Am to 06:00 Pm  
Regn. No. : MCI-8888

PATIENT NAME

Smt Premwati

AGE/SEX

27-12-19

VULNERABLE - Yes/No

ID.No.

Date/In Time

PRESENT COMPLAINT :

INVESTIGATION / TREATMENT

PAST HISTORY :

① CAC, TDM  
PPI (2014) medt / EF - ②

FAMILY HISTORY :

HT

NUTRITIONAL SCREENING

PALLOR/APPETITE / SKIN TURGOR

HYDRATION/KOILONYCHIA/

FALL RISK ASSESSMENT -

DRUG ALLERGY :

EXAMINATION :

Wt

BP

PR

SPO2

DIAGNOSIS

fibAIC

6 months

Mexovas - ⑩

DUTOR - 5

Dephelen R 300

Ciabaneum - 100

B10-D3- PLUS-

glycomet SR - 500

Azuloc-RD

TAYO-60LS

① EC ECT

X 12 ECT

PROPOSED CARE PLAN EXPLAINED (✓)

EXPECTED OUTCOME EXPLAINED (✓)

(DOCTOR SIGNATURE)

POSSIBLE COMPLICATIONS EXPLAINED (✓)

NUTRITIONAL CARE ADVISED (✓)

OUT TIME

FOR OPD APPOINTMENT : +91 8126906607

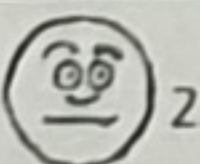
Next Followup:

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

Pain scale



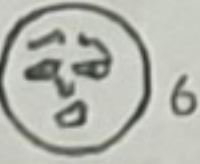
0. NO PAIN



2. MILD PAIN



4. ANNOYING PAIN



6. MODERATE PAIN



8. SEVERE PAIN



10. WORST PAIN



# Kriti Scanning Centre (P) Ltd.

**DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY**

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)  
 Registered Office. : 55-B Lowther Road, Prayagraj (Allahabad)  
 e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com  
 Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100



NABH ACCREDITED  
 MIS-2018-0073

Name	Mr. Ram Singh	Age/Gender	74Y/ Male
Referred By	DR. SELF	Date/UHID	19-Nov-2020/ P627085



## PLAIN BRAIN CT SCAN

### REPORT :

#### POSTERIOR FOSSA

IV ventricle is normal & midline. Both cerebellar hemisphere & region of brain stem are normal.

#### SUPRATENTORIAL

3<sup>rd</sup> ventricle & both lateral ventricles are dilated.

Elsewhere, attenuation value of brain parenchyma is normal.

Bilateral sylvian fissure, cortical sulci & basal cistern are dilated.

### IMPRESSION

**Moderate cerebral atrophy.**

**ADVISE:CLINICAL CORRELATION**

----- End of report -----

Page 1 of 1

Transcribed by: Surya

Dr. Kushagra Agrawal MD

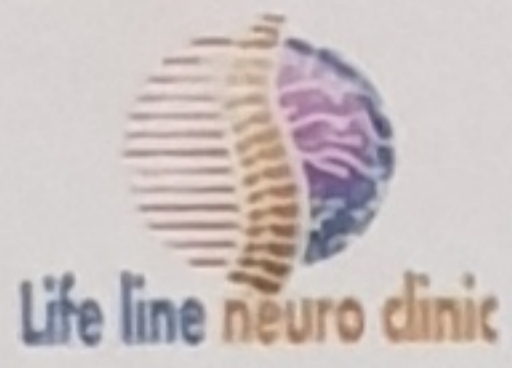
Dr. Seema Pandey MD

Dr. V. K. Agarwal MD

Dr. Bhumika Singh MD

Dr. Udbhav Maheshwari DMRD

Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.



# LIFE LINE NEURO CLINIC

लाइफ लाइन न्यूरो क्लीनिक

14/32 Stanely Road, Opp. Traffic Police line, Allahabad, C.M.O. Reg.No.:-5258/10308, Mob.:-9307604256

Website :- www.lifelineneurocare.com, Email :- lifelineneurocare@gmail.com

Patient ID : PAT-2020-20373

Date : 2020-11-20

Name : MR RAM SINGH

Age / Sex : 74 / Male

Tuli colony

R/O.

Rx

? EVA is sharp of speech

\* 2 day

HYN & DM, on Lt

ple

CT Head - cerebral atrophy

- Tab Preva-AS 75mg HS
- Tab Cititecharp 100 x
- Tab Trufol-XIT 100 x
- Tab cerebrate 90mg HS

2 day

continue for HYN & DM,

Dr

## डा. अमित कुमार सिंह

M.B.B.S., M.S., M.Ch. (नई दिल्ली)  
न्यूरो सर्जन  
समय : 2 PM - 4 PM, 6 PM - 8 PM  
प्रतिदिन

## डा. सचिन सिंह

M.B.B.S., M.S., M.Ch. (नई दिल्ली)  
न्यूरो सर्जन  
समय : 10 AM - 2 PM, 6 PM - 8 PM  
प्रतिदिन

## डा. विभा सिंह

M.B.B.S., M.S., (Ophthalmology)  
समय : 6 PM - 8 PM  
प्रतिदिन

## डा. पी.के पाण्डेय

M.B.B.S., M.S., (Ortho)  
समय : 10 AM - 2 PM, 6 PM - 8 PM  
Sun, Mon, Tue, Wed

रविवार को ओ.पी.डी. बंद रहेगी

Not Valid for Medicolegal purposes