



PATIENT APPLICATION FORM

PATIENT'S DETAILS



| | |
|--|-------------------------------------|
| NAME: | MOHD. ARSH |
| FATHER NAME: | MOHD. ADIL TYAGI |
| DATE OF BIRTH / AGE: | 8 Months |
| SEX: | MALE |
| ADDRESS: | Mujaffarnagar, Uttar Pradesh |
| DISEASE: | BT(Blalock-Taussig) Shunt |
| HOSPITAL DEPARTMENT TREATMENT COST | AIIMS Paediatric Rs. 30,000/- |

For CANCER CARE TRUST

Authorized Signatory

Parent's Sign



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



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

शरीरमाद्य खलु धर्मसाधन

New Patient
Dept Reg. 2020/003/0008950

OPR-6

एकक / Unit
विभाग / Dept.

General/क 0
Paediatrics/Paediatric /Unit-I
कमरा/Room: 4-43
Days : Mon, Thu
(सोम, बुध)
Name: Mr. MUHAMMAD ARSH
Queue No : N2
SM 13D पुरुष/म

सं/O.P.D. Regn. No.

नाम/

S/O MOHD ADIL TYAGI

पता/Address



UHID : 105179717 Date: 14/09/2020

105179717

निदान/Diagnosis

TOF/PA/ Subaortic VSD & PDA

दिनांक/Date

उपचार/Treatment

5.3.19
CTPA done in GB Pant on 24/6
on ciplar & Tonerferon.
child well otherwise.

14/9/20

Adv

- Feeding as advised
- ct ciplar 10mg 1/2 tab TDS
- ct Tonerferon drops 5° - 5°
- ✓ syp VitD₃ (4000U/ml) 1ml OD
- Refd to Peds cardio OPD CW centre for further evaln & Management.

SENIOR RESIDENT
Department of Pediatrics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029



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





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)



UHID No:105179717

आपातकालीन नं.(Emergency No): 2020/030/0048902

दिनांक DATE: 01/07/2020

समय TIME: 10:09:51 AM

NON-MLC

नाम NAME: MR. MOHD ARSH

आयु AGE: 3 MONTHS

लिंग/SEX: M

S/O: MOHD ADIL TYAGI

पता ADDRESS: मकान संख्या H.NO: VILL- BASHDHARA
शहर/प्रखंड CITY/BLOCK: MUZAFAR NAGAR
राज्य STATE: UTTAR PRADESH

गली / मुहल्ला STREET/MOH:
पिन PIN:
दूरभाष सं. PHONE NO:
स्थान Location: Paediatrics Emergency

द्वारा BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

KCO TOR = PA = subaortic VSD

Presenting Complaints

overriding of aorta

referred from CB part for any surgery

- no HV force, evocative

Primary Assessment (ABCDE): Assessment Pentagon

- HV fast breathing

- decreased urine output & feeding

| Airway | Circulation | Disability |
|--------------------------------------|-----------------------------|--|
| Open & stable : Yes/No If No..... | HR. 120/min | GCS. 15/16 |
| Breathing: RR 46/min | CFT. 2 secs. | Pupil size...../min |
| Efforts: Normal/Poor/increased | BP.....mmHg | Pupillary Reactions. B/L RT |
| Auscultation: | Peripheral pulse: Poor/Good | Motor activity: |
| Air entry: | Central pulse: Poor/Good | Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure |
| Normal/poor/Differential | Skin temp: Warm/cool | Blood Sugar.....mg/dl |
| Added sounds: | Others | Exposure: |
| None/Stridor/Wheeze/Crackles | | Temp..... |
| SpO2 on Room air 50% | | Colour: Normal/pallor/cyanosis /mottled |
| wt = 5 kg | | Any other skin lesions..... |

Diagnosis A&S: TOR = PA = subaortic VSD = overriding of aorta = PA

Advice:

- paediatric cardio opinion.

Report
8/6 PR = 118
SVC = 2.0.

16/06/2020: covid test + negative

[Signature]

1105 9900 - nit.

Case discussed = pedis cardio SR.

advised IV commu.

- CBC
- VBG,

(Signature)

$HB = 14.1$
 $10/00$
 $N23L72$
 DIL.
 $3.1/4K4.$

PH = 7.353

Na/K = 131.7/5.4

H103/BF = 19.6/6.2

PCO2/PO2 = 34.8/22.7

GH/CAL = 74/3.1

Rx: Wt = 51kg

12:10 PM

IVR N/2 5% dextrans (total KCl) 20ml/hr

12:45 PM

Tab Ciplar (10mg) 1/2 tab PO BID. ITOS.

- pedis cardio SR to review (informed already).

(Signature)

Vital: at 12:30 PM

SPO2 = 72% RR = 42 breaths/min

HR = 110

Case discussed = pedis cardio SR

- Tab Ciplar (10mg) 1/2 tab PO TDS (0-0-0).
- two form drops 5° BID (0-0)
- danger sign explained
- Review in pedis cardio OPD = CBC after 1 month = CO of CT Angro
- Review in pedis casualty sos.

CV 2020/014/0009239
 UHID: 105179717
 Date 27/11/2020 MON, WED, FRI
 Name MUHAMMAD ARSH
 S/O MOHD ADIL TYAGI
 Cardiology
 CTVS (109456/2020)
 7M 26D /M
 Consultant Room 18 Dr. MILIND

LC2711200439 105179717
 LC2711200439 105179717
 MUHAMMADARSH

विभाग
 Deptt.
 ब०रो०वि०सं०
 O.P.D. No.

CV 2020/014/0009239 ₹0
 UHID: 105179717
 Date 12/10/2020 MON, FRI
 Name MUHAMMAD ARSH
 S/O MOHD ADIL TYAGI
 Cardiology
 Paed. Cardiology
 6M 11D /M
 Consultant Room 8 Dr. SOURABH
 KUMAR GUPTA
 SR Room

wt = 5.5 kgs

CHD, ↓ap (TOF, PA, PDA dependant pulmonary circulation), confluent PA's

Adv

- (1) T. ciplox 10mg 1/2 tab TDS
- (2) Tonoflexon drops 6° BD
- (3) Syp. sunsip 1ml OD

(4) R/v in TeleOPD on 915444155/0112659 3459
 To radio cardio SR
 (Umar) (Mof) (Fnd 2-4)

Kindly report this pt CT Angio done outside (CD & films available)

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

(Umar)

दिनांक
Date

Smear old. Dev. delay. Signif. cyan

25/11/2020

cp TEF, PA, confluent PAs

o o o o

spO₂ →

Ⓟ

spO₂ - 98%
HR - 132 bpm

Re-check

spO₂ - 96%

Ⓟ
Begin cycle

Jay

Adv → ↑ Ticaplate 10mg 1/2 tab QD.

→ Tenoferson drops 6° BD.

→ Refer to CTVC^{OPD} for BT shunt

→ Call in TeleOPD (01126593459) to inform about blood Tx.

Jay

(M/W/F), 2pm-5pm.

Accepted for BT shunt ↓ Prof M.P. N.H

25/11/2020

- Deposit Rs 30,000/- in AIMS (S Palast Acct)

- 1.0 Blood Donor.

- Bld group.

- Review once formalities are complete

1/20 - In case of difficulty breathe, ↑ oxygen, Severe is emergency



DEPARTMENT OF CARDIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C. N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated : 27/11/20

ESTIMATE CERTIFICATE

Name of Patient Muhammad Arsh

Age 6000/11d Sex Male C.V.No./ICTVS No. 105179717

Nature of Disease BT Shunt

Nature of Surgery required "

Amount required for Surgery Rs- 30,000 (Thirty thousand Only)

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT" The said estimate will be valid for employee of CGHS/ESI/GOVT. Undertaking beneficiaries.

Cancer Care Trust

Arsh
Dr CTVS
for Dr M.P.Hote (CONSULTANT / SENIOR RESIDENT)
वरिष्ठ रेजिडेंट / Senior Resident
सी.टी.वी.एस. विभाग / Deptt. of C.T.V.S.
एन. सी.एन. सेंटर, ए.आई.एम.एस., नई दिल्ली
C.N. Centre, A.I.I.M.S., New Delhi



सं. 1
NO. 1



उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
जिला महिला चिकित्सालय मुज़फ्फरनगर
DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि जिला महिला चिकित्सालय मुज़फ्फरनगर तहसील मुज़फ्फरनगर जिला मुज़फ्फरनगर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR OF TAHSIL/BLOCK MUZAFFARNAGAR OF DISTRICT MUZAFFARNAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: MUHAMMAD ARSH / मुहम्मद अर्श

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
29-03-2020
TWENTY-NINTH-MARCH-TWO THOUSAND TWENTY

जन्म स्थान/ PLACE OF BIRTH:
DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR/जिला महिला चिकित्सालय मुज़फ्फरनगर

माता का नाम / NAME OF MOTHER:
RESHMA PARVEEN / रेशमा परवीन.

पिता का नाम / NAME OF FATHER:
MOHD ADIL TYAGI / मी० आदिल त्यागी

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
BASDHADA DINKARPUR,
BUDHANA, BUDHANA, MUZAFFARNAGAR,
UTTAR PRADESH
बसधाड़ा दिनकरपुर,
बुढ़ाना, बुढ़ाना, मुज़फ्फरनगर,
उत्तर प्रदेश

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:
BASDHADA DINKARPUR,
BUDHANA, BUDHANA, MUZAFFARNAGAR,
UTTAR PRADESH
बसधाड़ा दिनकरपुर,
बुढ़ाना, बुढ़ाना, मुज़फ्फरनगर,
उत्तर प्रदेश

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2020: 9-90686-003229

पंजीकरण तारीख / DATE OF REGISTRATION:
17-04-2020

टिप्पणी / REMARKS (IF ANY):
3:55 PM

जारी करने की तिथि / DATE OF ISSUE:
21-05-2020

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY :

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
जिला महिला चिकित्सालय मुज़फ्फरनगर
DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR

UPDATED ON :
21-05-2020 12:32:27



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *

A/c Payee



5029-NOTDA - SECTOR 16

133566

दिनांक
Date

Valid for three months from date of issue

| | | | | | | | | | |
|---|---|---|----|----|----|----|--|--|--|
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| 0 | 4 | M | 12 | 10 | 12 | 10 | | | |

को या उनके आदेश पर Or Order

On demand pay ATIMS CT PATIENT'S ACCOUNT

रुपये Rupees Thirty Thousand only

अदा करें।

₹

30,000.00

Payable At *** Not Over TNR. 30,000.00 ***

For Value Received
for Kotak Mahindra Bank Ltd.

NEW-DELHI
(0214)

Purchaser:
CANCER CARE TRUST

(Drawee Branch)

Please sign above this line

Aparna Singh
79200

[Signature]
156002

⑈ 133566 ⑈ 000485000 ⑈

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Cancer Care Trust

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