



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

Contact No. : 011-65881004

PATIENT APPLICATION FORM

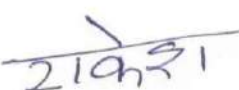
PATIENT'S DETAILS



NAME:	MOHIT SHARMA
FATHER NAME:	RAKESH SHARMA
DATE OF BIRTH / AGE:	12 YEAR
SEX:	MALE
ADDRESS:	AGRA, UTTAR PRADESH
DISEASE:	ORBITAL RHABDOMYOSARCOMA TUMOR (EYE CANCER)
HOSPITAL DOCTOR DEPARTMENT	AIIMS DR. M. SINGH ONCOLOGY

For CANCER CARE TRUST


Authorized Signatory


Parent's Sign

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली-110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

Neurosurgery OPD Unit-I
 Monday 8:30 AM to 10:30 AM
 Tuesday 10:30 AM to 2:30 PM
 Wednesday 10:30 AM to 10:00 AM
 Thursday 12:30 PM to 2:30 PM

दिनांक/Date

104894371

विभाग
 Deptt.

NS

नाम
 Name

Mohit

उम्र
 Age

11

ब०रो०वि०सं०
 O.P.D. No.

15683/19

पुत्र/पुत्री/पत्नी
 S/D/W

लिंग
 Sex

M

निदान

Diagnosis

Orbital Ewing's Sarcoma.

R-12 (15)
 2/3/20

Pt doing well
 and healthy

SIR - (28)

- collect biopsy report - (720)

- Ophthalmology OPD - (35A)
 opinion

- medical oncology ↓ Dr Sameer Bakshi
 opinion (I)

- A/A report

1
 u

दिनांक
Date

16.3.2020

~~Dr~~ - Doing well

Dr - S/O Ewing's sarcoma

Atx

• Rxn Puy Sameer Bakshi for tumor management

• T. Cefixim 100mg $\overline{\text{m}}$ $\times 7d$

• Ref to RPC casualty for chemotherapy can

Cancer Care Trust



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. R.R. Ambedkar Institute Rotary Cancer Hospital

A.I.I.M.S. HOSPITAL

OPR-6

Patient Department
PROHIBITED IN HOSPITAL PREMISES

DR. B.R.A. IRCH/AIIMS, NEW DELHI

IRCH No. 240341

Reg. Date-03/01/2020

Clinic Pain Relief Clinic

Clinic No. 56886/2020

Deptt. ONCO-ANAESTHESIA AND PALLIATIVE MEDICINE (OAPM)
General

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth



UHID-104894371

Name MOHIT SHARMA

नाम मोहित शर्मा

S/O- RAKESH SHARMA

विदान/Diagnosis

Ⓛ Eyeproposis - Round Cell tumour. (? RMS)

उपचार/Treatment

दिनांक/Date

20/1/2020

Plan:

- CBC
- RFT
- LFT
- BM Asp { Biopsy Touch
- DIOP (Ophthalmology)
- Bone scan
- NCCCT Chest } outside
- 30 Blood donation

- Review all Reports on

- ChemoCard separate given

3/2/2020

Santo

चिप
नं० 5

Show Reports of
CBC/RFT/LFT

on 20/1/2020

L
Ches

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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

Department
HOSPITAL PREMISES

OPR-6

एकक/Unit
विभाग/Dept.
नाम/Name

IRCH No. 240341
DR. B.R.A. AIIMS, NEW DELHI
Clinic Pain Relief/Clinic
Dept. ONCO-ANAES.
General
Reg. Date-03/01/2020
Clinic No. 56886/2020
ONCOLOGY AND PALLIATIVE MEDICINE (OAPM)

O.P.D. Regn. No. 24056226

जन्म तिथि/Date of Birth

Name MOHIT SHARMA
नाम मोहित शर्मा
S/O- RAKESH SHARMA



UHID-104894371

Sex/Age M/12Y

60/4
9/11

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

7/1/20
Refer to New
Emergency for
[Signature]

Room no. 15
7/1/20
Inj. dexamethasone 10mg
Stat Ultrason

Please issue
file for R.No. (60)
[Signature]
7/01/2020

37/194
7/1 Kindly issue
Site
reeparm
22/01/2020
Room no. 13

1/2020

Pt. was admitted in PCU for analgesic titration & was discharged on

- T. morphine 5mg Q1D.
- T. PCM 500 mg TDS
- T. Gaba 150mg HS
- T. etocox 30mg BD

Adv

- continue T. morphine (10) 1/2 Tab Q1D
1/2 - 1/2 - 1/2 - 1/2
- T. PCM (500) 1 Tab TDS
1 - 1 - 1
- T. etocox (60) 1/2 Tab ~~BD~~ BD
1/2 - 1/2
- T. Gabapentin 150mg HS (रात)
- T. Pantop (40 mg) 1/2 Tab OD (आली पेठ)
- T. perinorm 5 my sos
- syp. crenaffin plus 2 tsf HS (रात)
- R/A 15 days or sos (23/1/20)

Sapna SR/DA

Cancer Care Plus

Sick - 2/12/19

PAC-11

Neurosurgery Admission Date

(Admn No.....)

ASAFC(Red)..... Priority(Blue).....

Routine(Green)..... DSA(Black).....

Blood(No. Of Units).....

Package Amount Rs. 33,500/-

Investigations: Hb, TLC, DLC, Blood Group, APTT, PT, Platelets, Na+, K+, Urea, Creatinine, FBS, ECG, CXR, Urine R/E

Residents Signature.....

Attend PAC(Wed,Thur,Sat) Before Admission 9 AM TO 11 AM

872918
3/1/19
7/12/19

Ca

NS 2019/017/0015683

Neuro Surgery-I

UHID: 104894371

Neuro Surgery

Date 02/12/2019 MON, THU

Gen

Name MOHIT SHARMA

11Y 11M 30D

/Male

S/O RAKESH SHARMA

Phone No. 9837172367

Consultant Room 20

Dr. MANMOHAN SINGH

SR Room: 9690667552

Registration Time: 8.30 AM - 10.30 AM

Diagnosis

(2) orbital SOL (extraocular)

3.5 x 2.8

Up Progressive Rx -> RMS

40 Progressive proptosis of (2) eye

x @ 2 months

?? 40 trauma to the (2) eye

= cricket ball (1)

Ystb Dr. RM

Adv

- NAE - (18) (To characterize lesion)

- Date for Surg (sick list)

CHC-031219303 104894371
 HBC-031219265 104894371
 PTC-031219089 104894371
 MOHITSHARMA

MOHITSHARMA
 UHID-071219046 104894371

CVM-071219050 104894371
 MOHITSHARMA

cap sang