



PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	MAHIRA PARVEEN
FATHER NAME:	ABDUL RAHIM
DATE OF BIRTH / AGE:	4 Years
SEX:	FEMALE
ADDRESS:	Ward No-3, Sant Kabir Nagar, Mehnagar, Azamgarh, UP-276204
DISEASE:	Deaf And Mute
HOSPITAL DEPARTMENT TREATMENT TREATMENT COST	Sir SunderLal Hospital,IMS,BHU Otorhinolaryngology Cochlear Implant RS. 8,50,000/-

For CANCER CARE TRUST

Authorized Signatory

Authorized Sign

Parent's Sign

SIR SUNDERLAL HOSPITAL
INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
ESTIMATE OF TREATMENT COST (APPROX.)

(To be filled by treating Consultant)

Ref. No. : _____

Date : 23/05/25

1. Patient Name : Mahisa parveen Age 37 Yrs Sex f

2. Name of Father/Mother/Husband : Abdul Rahim

3. Full Address : Ward No. 3 Sant Kabir Nagar, Mohanagar
Azamgarh

MRD/Hospital No. : 7426B46

4. Aadhar No./PAN No./Voter LD. No./Rashan Card No. : 9280 1684 9278

5. Name of the Doctor with Designation : Dr. SIVA S. (ASSISTANT PROFESSOR)

6. Name of Department/Division : OTORHINOLARYNGOLOGY

7. Provisional Diagnosis : DEAF AND MUTE

8. Provisional Date of Operation/Treatment : AS SOON AS POSSIBLE

9. Proposed Modality of treatment : COCHLEAR IMPLANT

10. Estimated approximate cost of treatment : _____

(a) Investigations :

(i) Routine Investigation Rs. 50,000/-

(ii) Specialization - Invasive/non invasive Rs. 50,000/-

(b) Expenditure in Medicines Rs. 50,000/-

(c) Surgical procedure, Anaesthesia & others Rs. 4,00,000/-

TOTAL COST = Rs. 5,00,000/-

(Total amount in words Rs. Eight Lakh

Fifty Thousand only)

Counter Signature of
Medical Superintendent
(with seal)

चिकित्सा अधीक्षक

MEDICAL SUPERINTENDENT

सर सुन्दरलाल चिकित्सालय

SIR SUNDERLAL HOSPITAL

बनारस हिन्दू विश्वविद्यालय

BANARAS HINDU UNIVERSITY

दस्तावेज संलग्न करें-

1. आधार कार्ड की फोटो कॉपी, एवं ओपी.डी. पर्चा की फोटोकॉपी।

2. कृपया फार्म पर चिकित्सक का हस्ताक्षर व मुहर लगवायें।

बैंक विवरण के लिए कृपया पन्ना चलते।

Signature of treating Doctor
(with seal)

DR. SIVA S, M.S.(ENT)

Assistant Professor

Department of E.N.T

I.M.S., B.H.U

P.T.O.

सर सुन्दरलाल चिकित्सालय, काशी हिन्दू विश्वविद्यालय
 चिकित्सा विज्ञान संस्थान
 बहिरंग-पत्र (आधुनिक / आयुर्वेद चिकित्सा)
 OPD SLIP (MODERN / AYURVEDA MEDICINE)

MRD Number : 742646

Name : NARIN



Age : 37 DM

Gender : Female

Date : 25/04/2025 09:07:42 Hrs

दिनांक (Date)	रिपोर्ट परीक्षण विवरण (Clinical Examination & Investigations)	उपचार (Treatment)
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डॉ० शिवा एस (एमएस)
 सहायक जागचै
 डॉ०, एम. एड. विभा. डॉ०, एम. एड., बी. एड. ए.
 ओ पी डी - शुद्धार

Deaf & Mute :

5 APR 2025

(5)

BOA (08)

BERA (outside) Severe to Profound SNHL

Bl. tm. instead.

BERA - Mod Severe HL.



PHOTOGRAPH TO BE ATTACHED TO THIS SLIP

Sup A-2 2.2nd 09/04/20

BERA - B/L Mod. Severe HL

पुनः इसी कार्ड पर दिखाने एवं इसे सुरक्षित रखें। 6 महीने तक वैध। Valid for 6 months.

आप उपचार के निर्वहन/छुटी के समय चिकित्सा अभिलेखों की प्रतिलिपि के हकदार हैं।

You are entitled for copy of Medical records at the time of discharge / end of treatment.

Appointment for BERA
 ~ 17/05/2025 at 10:00

PH-deposit Rs. 500/-
 Sh. Meena (6)

**BANARAS HINDU UNIVERSITY
INSTITUTE OF MEDICAL SCIENCES & S.S. HOSPITAL
DEPARTMENT OF OTORHINOLARYNGOLOGY**

BERA REPORT

Patient: Mahira, 2 years 5 month

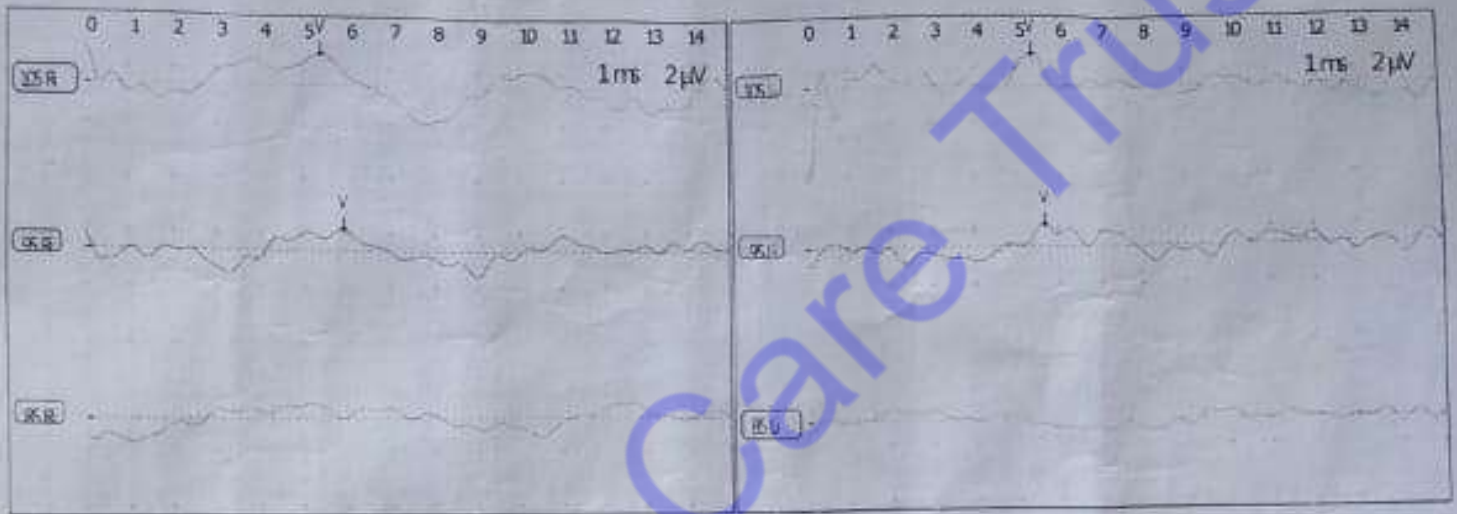
Date: 17 May 2025

Note: This report is not valid for Medico-Legal and Handicap purpose

ABR: ABR 2-channels

1: Cz-M1

2: Cz-M2



Latencies & amplitudes (right ear)

N	I	III	V	I-III	V-Va
	(ms)	(ms)	(ms)	(ms)	(μV)
105 Ri			5.40		
95 Ri			5.90		

Latencies & amplitudes (left ear)

N	I	III	V	I-III	V-Va
	(ms)	(ms)	(ms)	(ms)	(μV)
105 Li			5.40		
95 Li			5.66		

IMPRESSION:

Bilateral moderately severe hearing loss

Recommendations:

Speech therapy with HA
Counselling for CI


AUDIOLOGIST:

BANARAS HINDU UNIVERSITY
INSTITUTE OF MEDICAL SCIENCES & S.S. HOSPITAL
DEPARTMENT OF OTORHINOLARYNGOLOGY (ENT)

AUDIOGRAM

Name Mahim Age/Sex 26/F Date 15/11/22

(This report is not valid for Medico-legal / Handicapped Purpose)



tone decay test

Freq.	500 Hz	1000 Hz	2000 Hz	4000 Hz
RI				
LI				

SISI TEST

SISI	500 Hz	1000 Hz	2000 Hz	4000 Hz
RI (%)				
LI (%)				

Audio. Weber Test

Right Centre Left

SPEECH AUDIOMETRY

TEST/EAR	PTA	SAT	SRT	SDS
Right				
Left				

AUDIOGRAM KEY

EAR	Unmasked AC	Masked AC	Unmasked BC	Masked BC
RI	0	Δ	<	
LI	x	□	>	

Audiological Interpretation

(??) B/c noisy sound H₂

Audiologist

→ BENZ