

A Giggles Welfare Organisation

(Project - India Rehab Center)

Functional Office: C-63 Basement, South Ex-2, New Delhi-110049, Contact: - 011-26250001/41010774
Website : www.agwo.org

REGISTRATION FORM

Name: Amarnath D.O.B.: 16-4-2006

Age/Gender: 10yrs M Reg. No.: D.O.A.: 19-4-2016

Mother Tongue: Hindi

Previous Education:

Residential Address: #198, Lanva Kala, Anchal - Bamipur

Dist+ - Sasram

Phone No:

Father's Name: Mangal Shah Occupation: Labour

Office Address:

Phone No:

Mother's Name: Kanti Devi Occupation: House wife

Present Office Address: Ward - 18 A LNJP Hospital / Vajirpur

JJ Colony House No. C-75 Phone No:

Alternative Contact Name:

Address:

Phone No Relation with Patient :

Medical Summary :

Diagnosis: Tumour in Neck

Associated Condition:

Height: Weight: Blood Group:

Relation	Name	Age	Education	Occupation	Income P.M
Father	Mangal Shah			Labour	3000/-
Mother	Kanti Devi			Housewife	—
Brother	Ankit				
Sister					

Field Trips/Projects/Events: Permission is granted for the child to participate in field trips and projects/ Events during the session he/she attends in centre.

Yes: _____ No: _____

Photo/Media Releases : Permission is granted to photograph my child for promotional and educational purposes.

Yes: _____ No: _____

Deceleration:

I hereby delegate my authority to management and staff of the centre to take immediate action in event of any medical emergency and that I will not hold the centre responsible for any unfortunate incident.

Place & Date: _____

Parent's/Guardian's Signature

Approved By:

Authorised Signatory:

GOVT OF NCT OF DELHI / राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार

LNH-89

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली- 110 002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110 002

एक्स-रे विभाग / X-RAY DEPARTMENT

रोगी का नाम Name of the Patient	आयु Age	लिंग Sex	कक्ष Ward	पलंग संख्या Bed No.	यूनिट Unit	रो. आ. सं. C.R No.
Anuradha	104	M	19A			430324

किसके द्वारा निर्दिष्ट Referred by		ओ.पी.डी. O.P.D	ओ.पी. सं. O.P. No
परीक्षण किया जाने वाला विशिष्ट भाग Exact Part to be examined	CXR	आय Income	तारीख Date 5/2/16

पिछला एक्स-रे परीक्षण (इस फार्म के साथ पिछला एक्स-रे फोटो भेजें)
Previous X-Ray examination (send skiagram of previous examination with this form)

संक्षिप्त चिकित्सालयीन इतिवृत्त व बीमारी की अवधि
Short clinical history and duration of illness Resp distress

चिकित्सालय द्वारा रोग निर्णय
Clinical diagnosis

Ashoke
PG

चिकित्सा अधिकारी
Medical Officer

पद
Designation

1429
5/2/16

एक्स-रे रिपोर्ट
X-Ray Report

कृ.पृ.उ./PTO

MAMC-Appendix No. 18-p
Annex -5

PATHOLOGY LABORATORY

व्याधिकी विभाग/DEPARTMENT OF PATHOLOGY

मौलाना आजाद मैडिकल कालेज एवं लोक नायक व गोविन्द वल्लभ पंत चिकित्सालय तथा
गुरू नानक नेत्र केन्द्र, नई दिल्ली -110002.

MAULANA AZAD MEDICAL COLLEGE AND L. N. HOSPITAL & G. B. PANT AND GURU NANAK EYE CENTRE, NEW DELHI-110002.

प्रयोगशाला संदर्भ संख्या/Lab. ref. No. 4544/16

नाम
Name Amarnath

आयु व लिंग
Age & Sex 10Y/M

वार्ड और पलंग संख्या
Ward and Bed No. 19A

केन्द्रीय पैथोलॉजी सं./ब. विभाग सं 426330
CR/OPD NO.

चिकित्सक का नाम
Refd. by Dr Yadav

नमूना पाने की तिथि
Date of receipt of specimen 23/1/16

नमूना
Specimen Left Cervical Swelly

रिपोर्ट
REPORT

FNAC left cervical swelling shows predominantly lymphoid cells including a few atypical and degenerating cells.
No R-S like cell is seen.
cytological picture is equivocal
Advice - clinical Correlation

Dr. S Jain
05/2/16

EXAMINED AND REPORTED BY
REPORTED ON

सेवा मे,

ए गिगल्स वेलफेर ऑरगनाइजेशन
C-63, बेसमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली - 110049

विषय - मेरे पोते के इलाज हेतु प्रार्थना पत्र।

महोदय,

सविनय निवेदन यह है कि मेरा नाम गौरी शंकर है और मेरे पोते का नाम अमरनाथ है, जिसकी उम्र 10 साल है। मेरे पोते के गले में ट्यूमर है, जिसका इलाज दिल्ली के लोक नायक अस्पताल में चल रहा है जिसका खर्च 1,60,000 बताया गया है। मैं एक गरीब व्यक्ति हूँ मेरी आर्थिक स्थिति खराब होने के कारण मैं इलाज हेतु पैसा जमा करने मे असमर्थ हूँ।

अतः आपसे अनुरोध है कि आप मुझे आर्थिक सहायता प्रदान करें।

प्रार्थी

गौरी शंकर साह

18/4/16

DATE/TIME

To

A Giggles welfare Organisation.
C-63, Basement, South Ext-2
New Delhi - 110049

Sir.

This is Regarding patient Amarnath a c/o 10 yrs/Male child a c/o Hodgkin's Lymphoma have received 8 Cycles of chemotherapy but lymph nodes still persisting. FNAC done is nonconclusive Planned to have a PET Scan (of neck upto abdomen) to rule out any residual disease & stop chemotherapy. PET Scan is not available in our hospital and. patient is economically not capable to have it from private sector.
Kindly help the patient financially for PET scan.

Thanking You.

Verbally confirmed that the cost of the Investigation from INMAS.

Rohit
Pty.

Dr. S. Khalil
Assistant Professor
Department of Pediatrics
Lok Nayak Hospital, New Delhi
Govt. of NCT of Delhi

NOTE : ALL ENTRIES MUST BE INITIALED


AMARNATH 14219
DR
M 101Y
2/5/2016
2:18:04 PM
H
MAM COLLEGE & LOK NAYAK HOSPITAL
PA
10cm
Scale 70% o p
W 1644
C 742
V033 Chest-PA *
kV 125.0
mAs 3.01

24/5/15 USG abdomen & Neck (Dr. Nancy)

Liver - 11.6cm, enlarged, shows mildly decreased echo with increased periportal echogenicity Adv: LFT Correlation.
GB - distended, anechoic lumen.

CBD ?
PV ? - Not dilated at porta

Pancreas - head and proximal body - (N)

Spleen - BP - post obscured
- spanned
- 8cm, borders/tip enlarged,

RK - 10.5 x 4.1cm. (N) echo & CMD maintained (heart failure)
No calculus
mild dilatation of PCS
(P) ureter obscured by bowel gases

LK - 9.5 x 3.9cm, (N) echo & CMD maintained
mild splitting of PCS noted
No calculus.
(P) ureter obscured

UB - partially distended, anechoic lumen.

Suboptimal evaluation of bowel due to Excessive bowel gases ++ No ff in abdomen. Bimyak

24/5/15
USG Neck.
→ Limited evaluation due to multiple enlarged central necrotic ~~enlarging~~ lymph nodes noted on (R) side of neck, mildly displacing the midline structures to (L) side
Bil lobes of thyroid & isthmus - (N)
few subcentimetric metric nodes noted along the (R) side
(R) CCA & IJV - (N)
(L) CCA - displaced posteromedially however shows (N) flow

Peds.

पैथालौजी / PATHOLOGY DEPARTMENT
मौलाना आज़ाद मैडिकल कालेज
MAULANA AZAD MEDICAL COLLEGE
नई दिल्ली / NEW DELHI

तारीख DATE | लैब संदर्भ नं. LAB REF NO. H-6557/15
नाम NAME Amarnath | आयु AGE 10yr | लिंग SEX M
सी. आर. सं. C.R.No. 367058 | कक्ष / वा.रो.वी. WARD/OPD IPD | के द्वारा भेजा गया REFD. BY A.S. Yadav

हेमाटॉलाजी रिपोर्ट / HAEMATOLOGY REPORT

एच.बी. H.B 7.5 g/l | ई.एस.आर. E.S.R | प्लेटलेट सं. PLATELET COUNT 5.79 l/cu
टी.एल.सी. T.L.C. 19740/cu | पी.सी.वी. P.C.V | रैटिक सं. RETICULOCYTE COUNT
डी.एल.सी. D.L.C.

	पी. एस P.S.	बी. एम B. M.	पी. एस P. S.	बी. एम B. M
पॉली POLY	70		ब्लास्ट BLAST	
लिम्फो LYMPHO	20		प्रोमीयलो PROMYELO	
मोनो MONO	9		मीयलो MYELO	
इओसिनो EOSINO	1		मैटा META	
बैसो BASO			प्लाज़्मा PLASMA CELL	
अन्य OTHERS			रैटिक सैल RETIC CELL	
एम. ई. रेटियो M.E.RATIO			एन. आर. सैल NUCLEATED RED CELL	

पैरीफिरल स्मीयर PERIPHERAL SMEAR Red cells show mild to moderate anisocytosis. Red cells are normocytic hypochromic with

(कृ. पृ. उ. / P.T.O)

बोन मैरो
BONE MARROW

Presence of hypochromic macrocytes and hypochromic macrocytosis

- CELLULARITY: Particles adequate on smear
- ME RATIO: BMA is particulate and normocellular for age. M:E ratio - 5.5:1
- MYELOPOIESIS: Erythroid reaction is normoblastic to macronormoblastic
- ERYTHROPOIESIS: Myeloid series shows normal maturation
- MEGAKARYOPOIESIS: Megakaryocytes are adequate and functional
- PARASITE / OTHERS: Bone marrow iron Grade - 0-1 (Reduced)
- OTHERS
- B. M. IRON

OTHER INVESTIGATIONS: Impression:- Multiple deficiency anemia

CONCLUSION: Advice - Serum Iron Studies and Serum Vitamin B12 - folate levels

Date: 7/9/15

Dr N. Verma
पैथॉलोजिस्ट
PATHOLOGIST

Department of Radio-diagnosis

Maulana Azad medical college & Lok Nayak Hospital, New Delhi

Name: AMARNATH **Age/Sex: 10Y/M** **CR NO:367058**
Ref By: DR S YADAV **Date: 4/08/15**

CECT CHEST AND ABDOMEN

Contrast enhanced axial scans of the neck, chest and abdomen was obtained on 128 slice MDCT scanner after intravenous contrast administration.. The study reveals:

Observations:

Sections through chest

- Bilateral lung fields appear normal in morphology and attenuation.
- Trachea and major bronchi appear normal.
- Heart and mediastinal vascular structures appear normal in morphology and enhancement.
- No e/o mediastinal lymphadenopathy.
- No evidence of pleural/pericardial effusion seen.
- There is e/o enlarged left supraclavicular, lower jugular nodes largest measuring 2.5x3 cm.

CECT Abdomen

- Liver is enlarged measuring 13.5 cm in cranio caudal extent and appears normal in morphology and enhancement. No focal lesion/IHBR dilation noted.
- Gall bladder is distended and appears unremarkable.
- CBD is normal in course and caliber.
- Pancreas appears normal in size and enhancement.no focal lesion is noted.
- Spleen measures 8 cm in size and appears normal morphology and enhancement. No focal lesion is noted.
- Spleno-portal axis is patent.
- Bilateral kidneys shows normal morphology and enhancement. No evidence of hydronephrosis or focal lesion.
- Urinary bladder is partially distended and appears unremarkable.
- Major abdominal vessels are normal in morphology and enhancement.
- There is evidence of few subcentimetric retroperitoneal nodes in paraortic region measuring 9mm in short axis.

Impression:

CECT Chest & Abdomen reveals enlarged left supraclavicular and lower jugular nodes essentially normal study of chest and abdomen.
Advice : FNAC correlation.

TE/TIME

30/7

Hb - 6.1

TLC - 14,000

DLC - P76 L16 M6 E2

Plt - 4.55 L

Hct

RV - 36

SE - 0.9

125/1.2

137/4.9

ESR (1st) → Bloody.

ESR - 45mm

UPT - TP - 1.0 SGOT - 25 SGPT - 16

Mtx - 24/7/15 - 10mm - NR.

USG Abdomen + Neck

Sputum for CBNAAT - Ng.

Contact survey

Urine for malaria - Ng.

29/7

Conjugated BR - 5.9

BG qds

Enoxaparin

BNA (later)

CECT abd + chest (4/8)

PT

POST PT Hb =

Hgb - 9.8

Hct - 29.9

WBC - 13170

DLC - P81 L13 M3 E1

P.C - 6.03L

RBC - 3.77 m

MCV - 79.3

MCH - 24.9

MCHC - 31.4

ROW-CV - 18.5

30/7

49/0.7

142/4.1

31/7

Rbl - 20/0.7 SGOT - 98 SGPT - 43 ALP - 601

S. Prot - 10.6

Albu - 3.3

31/7 S.E - 139/5.L

O.U - 21/0.5

31/7 - Chol - 121

TG - 160

LDL - 86

HDL - 16

16/7 (overdue)

Typhidot

PS for MP

RE-39 Ag

} negative.

Ca2/PO4 2/ALP - 8.9/3.

HIV - NR

NOTE : ALL ENTRIES MUST BE INITIALLED

C - 13.8

Test - 16.1

INR - 1.19

Urine M/E - NAD

GOVT. OF NCT OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

PATIENT CASE RECORD SHEET

Name:_____ Age/Sex:_____ Ward:_____

CR. No._____ Unit:_____ Consultant:_____

DATE/TIME

This is associated with mild to mod. grade fever, x 1½ mth, undocumented. ~~no~~ diurnal variation, not c/w chills (more at night) or rigor, relieved by medication to some extent, daily spikes for the past 10 days.

no H/o chronic cough / difficulty in breathing

no H/o abd pain / distension

no H/o any other swelling in body

no H/o bone pain

no H/o any bleeding manifestation

H/o loss of weight x past 2 mth (25kg → 21kg)

no H/o altered sensorium / seizure / neck pain

NOTE : ALL ENTRIES MUST BE INITIALLED.

NOTE : A

115/LNH/NI

IME

DOB.— 16/4/2005

28/7/15.

Inf: good health

Rel: good.

10 yrs old male child, a resident of Bitar, has been brought with c/o swellings in the left side of the neck x 1 year

c/o fever x 1½ mths

H/o presenting illness:

Child was apparently normal till 1½ years back, when he had fever - mild to mod. grade x 2 mths a/w small swellings in left side of the neck for which child was taken to a private hospital. Some investigations were done (details - N/A) and at he was told to have tuberculosis of the lymph node for which he was started on Cat-I ATT daily. (2-drug).

Child has been on Cat-I ATT for the past 1½ yrs, stopped for the past 6 days.

Following start of the ATT, the swellings in the neck gradually subsided. But after 2-3 mths, swellings reappeared & gradually ↑d in size; more ↑ in size during the past 2-3 months; not a/w pain, difficulty in breathing, difficulty in swallowing.

NOTE : ALL ENTRIES MUST BE INITIALLED

D/B child .o conscious, oriented

febrile

Vitals: HR - 96/min , regular.

RR - 22/min , no retractions

BP →

Anthro:

GPE: P** /1- /Cy - /C0 - /LN+ / ED-

emaciated

multiple large LNs on the left side of the neck in post. Δ^{le} & jugulo nodes

Largest around 5x4 cm.

matted

not adherent to overlying skin, no pain/discharge.

No other LNs

trachea → deviated to right

No rashes

Mildly conjunctival pallor

no rashes / petechiae

no neural tenderness

→ 21 by)

NOTE : ALL ENTRIES MUST BE INITIALLED

GOVT. OF NCT OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

PATIENT CASE RECORD SHEET

Name:_____ Age/Sex :_____ Ward :_____

CR. No._____ Unit:_____ Consultant:_____

DATE/TIME

P/A - soft, NT

Not distended

Lim
Splen } np.

BS ⊕.

CVS - BP ⊖

S/L clear.

CVS
CNS } WNL.

Imp: ? Cervical lymphadenopathy ? Gr - 3 ATT x 1½ yr

to R/o - Lymphoma (Hodgkin's)

- MDR TB.

NOTE : ALL ENTRIES MUST BE INITIALLED.

हिमेटोलोजी, पैथोलोजी लोक नायक अस्पताल, नई दिल्ली

सैंपल का नाम	अन्य	रिपोर्ट संख्या	बार्ड/बेड नं0	डाक्टर
सैंपल तारीख	कंप्लीट इंडोक्राइन ए डिप्टी	UOH-266		

	टेस्ट	साधारण	परीक्षण	टेस्ट	साधारण	परीक्षण
	हीमोग्लोबिन	12.15.5 gm%	0.9	सेडीमेंटेशन रेट ESR (वेस्टरग्रेन)	मर्द 0–9	
	हिमेटोक्रीट	35–45%	38		औरतें 0–20	
	ब्लड ग्रुपिंग एंड टी	5–10 %	190	कलाट समय (ब्लीडिंग टाइम)	8–12 मि0	
	प्लेटलेट्स		35	क्लॉटिंग समय (क्लॉटिंग टाइम)	1–6 मि0	
	ल्यूकोसाइट	60–70%	26	ब्लड शुगर (फास्टिंग)	4.5–5.5%	
	ईओसीनोफिल	20–40%	3.7	ब्लड शुगर (रैंडम)	125–160100	
	बेसोफाइल्स	2–6%	8.9 4.5	रेटिकुलोसाइट	0.2–1.8%	
	इंफ्लेमेटरी सेल्स	1–3%	18			
	कास्टिंग्स	0–1%	18			
	अवधारण	नील				
	मेटाक्रोमेसी		139			

रिपोर्ट की तारीख ..... तकनीशियन 3.9 पैथोलॉजिस्ट .....

DCPGPF—406 LNH/2014—10.11.2014—1000 Pads

L. N. H.

75

Hematology, Pathology, LOK NAYAK HOSPITAL, New Delhi

Lab No. _____

Patient's Name	Age	C. R. No.	Ward / Bed No.	Dr.
ANAND NATH	10 yrs M	406992	19A	S. Yadav.

Date 27/11/12 Clinical Indication & History K/C/O Hodgkin's lymphoma (2)

	Test	Normal	Results		Test	Normal	Results
	Hemoglobin	12-15.5 gm			Sedimentation Rate ESR (Westergren)	Men 0-9	
	Hematocrit	35-45%					
	W.B.C.	5-10 Thou.			Coag. Tim (Lee-White)	8-12 min.	
	Different				Bleeding Time (Duke's)	1-5 min.	
	Polymorphs	60-75%			R.B.C. Count	4.5-5.5 M	
	Lymphocyte	20-40%			Platelets Count	125-350000	
	Monocytes	2-6%			Reticulocyte	0.2-1.5%	
	Eosincphil	1-3%			Note: BUSE, iCa²⁺ + Ca/P/ALP + LFT + TP + Alb + Uricacid + LDH + Chol + TG		
	Sasophil	0-1%					
	Abnormal Cells	None					

Morphology

Date of Report _____ Technician _____ Pathologist _____

L. N. H.

RNTCP Request for Culture and Drug Sensitivity Testing — Annexure I
(Required for Culture and DST laboratory to conduct testing; please send copy to District TB Officer)

Patient Information

Patient Name:	Annamath
Patient Address with landmark	SJ CLY.
Patient Mobile No. or other Contact No	
Age: 10 yr	Sex: Male ☑ Female ☐
Date of collection	Sample 1: Sample 2: 6/x
Type of Specimen	
Name referring facility (PHI/DMC/Other):	CHH (IVR)
District	
HIV Status : Known : +ve/-ve	
Unknown	
Past History of ATT : Yes/No	

Reason for Testing

DIAGNOSIS

MDR Suspect Criteria

- ☐ Failure
- ☐ Re-treatment case S+ at 4th month
- ☐ Contact of known MDR TB case
- ☐ S+ at diagnosis, re-treatment case
- ☐ Any follow up S+
- ☐ S- at diagnosis, re-treatment case
- ☐ HIV TB case
- ☐ Presumptive EP-TB
- ☐ PLHIV Presumptive TB
- ☐ Presumptive Pediatric TB
- ☐ Enhanced case finding

FOLLOW-UP

PMDT Registration Number

Treatment month of Follow-up

RNTCP TB Reg No. and Type Cat

DR-TB Centre Name

Molecular TB/DST result

LAB NO: 10516 Date of Receiving 6/1

Test: ☐ Line Probe Assay (LPA) ☐ CBNAAT

Test validity: ☐ Valid ☐ Invalid

M. Tuberculosis ☐ Detected ☐ NOT detected

Rifampicin: ☐ Resistant ☐ Sensitive ☐ Not Availa

Isoniazid: ☐ Resistant ☐ Sensitive ☐ Not Availa

Notes

Date tested: 6/2/16 Reported by (Name & Signature): Dr. M. HANIF Bacteriologist Delhi T.B. Centre Jahangir Puri Delhi

LJ/ Liquid Culture result

Date received	Specimen	Specimen No.	Smear result	Neg	Pos	1-19 col	+	++	+++
	A								
	B								

Notes:

Result Date: Reported by (Name & Signature):

LJ/ Liquid culture DST Results: (Note: 'S' if susceptible , 'R' if resistant)

Date DST Initiated	Specimen No	S	H	R	E	Z	Km	Ofx	Eto

Result Date: Reported by (Name & Signature):

Department of Radio-diagnosis

Maulana Azad medical college & Lok Nayak Hospital, New Delhi

Name: AMARNATH CRNO: 430374 Age/Sex: 10Y/M
Ref By: Dr.SY Date: 10/2/16

CECT THORAX

Contrast enhanced axial scans of the thorax was obtained after intravenous contrast administration on 128 slice CT scanner. Appropriate reformats were constructed. The study reveals:

Observations:

- Few enlarged left lower jugular and supraclavicular nodes noted largest measuring 1.2cm in short axis diameter.
- Bilateral lung parenchyma appear normal in morphology and attenuation.
- The trachea & mainstem bronchi are normal in position.
- The heart & mediastinal vascular structures are normal in morphology and enhancement.
- No pleural/ pericardial effusion is seen.
- No significant mediastinal lymphadenopathy seen.
- Visualized liver and spleen appears normal in morphology and enhancement. No focal lesion noted.

Impression:

In a F/u/c/o Hodgkin's lymphoma on chemotherapy, CECT Thorax reveals few enlarged left lower jugular and supraclavicular nodes with normal study of chest.

Reduced

On comparison with previous scan dated 04.08.15, there is marked reduction in size of nodal mass. & reactive lymph hyperplasia

Cy-4786/15

LOK NAYAK HOSPITAL
DEPARTMENT OF PEDIATRICS

DR. S. Yadav

PROVISIONAL DIAGNOSIS -
cervical lymphadenopathy
r/o ? Hodgekin's
?? MDR TB.

AGE	EXP	%	SD	CENTILE
3 YRS	3 yrs	68.8%	-2 SD	3rd centile
12 yrs	12 yrs	90.5%	-2 SD	3rd centile

BMI - 13.7

FINAL DIAGNOSIS -

PALLOR @ hand, CLAG, b/w NK, MPNC.

CMR - P/C/

WT/PAT
MAC
MPH

DRUG | FROM | TO
MDR Anti TB | 1/8/15

USG Abd & pelvic - 3/8/15
D/f CECT chest+Abd. - 4/8/15

DEVELOPMENTAL HISTORY -

Studies in class IV; any co studies

IMMUNISATION STATUS: BCG scar ⊙

OPV 0	OPV 1	OPV 2	OPV B
DPT 1	DPT 2	DPT 3	DPT B
HBV 1	HBV 2	HBV 3	HBV B
MMR	DT		TT

DAILY CHARTING

I GIVE MY FULL, FREE AND INFORMED CONSENT FOR THE PROCEDURE
TO BE DONE ON MY CHILD. I HAVE BEEN EXPLAINED THE RISKS AND CONSEQUENCES OF
THE PROCEDURE TO ME IN MY OWN LANGUAGE.

PARENT/GUARDIAN

Verified M/E - NAD

GMCH/MEDICO-LEGAL/FORM-24.08.2012

दिल्ली सरकार/GOVT. OF NCT OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली–110002

LNH

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

26/10/15

रोगी केस रिकार्ड शीट/PATIENT CASE RECORD SHEET

नाम Name	आयु/लिंग Age/Sex	वार्ड Ward
सी.आर.नं. C.R. No.	यूनिट Unit	परामर्शदाता Consultant
दिनांक Date	समय Time	

To,

Rgw 528

Officer on duty

Adhar charitable trust-

Paschim Vihar,

Respected Sir,

Here by sending to you Annannath, 10yr. male with c/o SVT & Hotskin Dysplasia, who has to receive 3 cycles of MBUD on Day 1 & kindly give doses of

- Dactinomycin 20mg - 1 dose
- Bleomycin 15 IU - 1 dose
- Vinblastin 5mg - 1 dose
- Dacarbazine 320mg - 1 dose

kindly consider this patient for providing free chemotherapy medicine.

Thanks you

Kindly provide free drugs

H Kaur 26/10/15

नोट :–सभी प्रविष्टियां हस्ताक्षरित होनी चाहिए ।

Note :–ALL ENTRIES MUST BE INITIALLED.

