



ORTHOSTAR

A unit of RELIEF & CARE orthopaedics centres

* F 86 Jawahar Park, Devli rd, nr Cambridge school :ND 62

* L-85 Lajpat Nagar II, near Jalvihar Roundabout: ND -24

* 417/2 Jangpura Road, near Sahi Hospital: ND-14

PHONE : 92688267 45 , 46 , 47

Website www.w.reliefandcare.com

Email: reliefandcare@gmail.com

DISCHARGE SUMMARY

NAME : MS. KAVITA

D.O.A : 25/10/2013

AGE/SEX : 18Y/F

D.O.D : 25/10/2013

DIAGNOSIS : LEFT TIBIAL DEFECT (?POLYOSTOTIC FIBROUS DYSPLASIA)

TREATMENT/SURGERY : CURRETTAGE WITH BONE GRAFTING UNDER SPINAL ANAESTHESIA ON

25.10.2013 BY DR. SACHIN YADAV ET AL

INVESTIGATIONS: Enclosed

ADVICE ON DISCHARGE :

T- AMCORD CV 625 mg 1 BD
T- FIXTRUE 200 mg 1 BD
T- POTA DSR 1 BBF
T- DYNAPAR 1 BD
T- COSTROVA -M 1 OD
LE + ATM

Review After 5 Days

RMO



[Signature]
Dr. S. YADAV
CONSULTANT
DIRECTOR

85
F-86-89, Jawahar Park, Devli Road, N.D.-62
Ph- 9818545399, 9810453346
www.reliefandcare.com

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- Case reviewed
- wound irrigated
- ABD dress
- S/K cat applied

Adv - (E) OTM

- T Dymazone 80 (100)
- T Pantin 1 BBP
- ~~Q~~ D₃ must be on a week

- R/A 104pp

Dr. SACHIN YADAV
MBBS, MS, Mch (USA)
Jangpura : 6-8pm (Mon, Wed, Fri)
Lajpat Nagar : 2-4pm Daily

07-11-2013



RELIEF & CARE
ORTHO, PHYSIO, X-RAY CENTRE

- F-86-89, Jawahar Park, Devli Road, Khanpur, Delhi-62
- 417/2A, Jangpura Road, Near Bhogal Gurudwara, Delhi-14
- L-85, Lajpat Nagar-II, Near Jal Vihar Round about, Delhi-24

07-11-2013

DR. SACHIN YADAV

MBBS (MAMC), MS Ortho (SJH), Mch (USA)
Arthroscopy, Spine & Joint Replacement Surgeon
Appointment : 9268826745, 46, 47
E-mail : reliefandcare@gmail.com
Website : www.reliefandcare.com

Mrs. Keshvi 18/F 200 lbs

Can remain

wound healed

SIR done

Adm

T warden 80 lbs

T B must look over
a week

25/11/13
Payment due

Cost remained

Adm - Pub @ 11

1 month | - T warden 80 lbs
- T B must look
over a week

Keep stretching as

LOA 4-11

Visiting Consultant at:

ICICI Bank

Sector - 18 Noida Branch
K-1, Senior Mall, Sector 18, Noida, U.P. - 201 301
RTGS/NEFT IFSC Code : ICIC0000031

Pay to the order of

Dr Sachin Yadav

Rupees only

Fifteen Thousand only

A/c No.

003101220395

18/06/2013
SBTAS SOCIETY CBS CO. IN (P)
PERSONAL BANKING SAVINGS ACCOUNT
Payable to the order of branches of ICICI Bank Limited in India

₹ 15000/-

or Bearer
मि. सचिन यादव

VALID FOR THREE MONTHS ONLY
2 2 1 1 2 0 1 3
D D M M Y Y Y Y

A GIGGLES WELFARE ORGANIZATION

Please sign above

⑈075699⑈ 1102290051 220395⑈ 31



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T- DYNAPAR	1 BD
T- COSTROVA -M	1 OD
LE + ATM	

Review After 5 Days

RMO

DR. CONSULTANT



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(A Unit of Relief & Care)

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- Ph. : 9268826745,46,47

S. No. 1139

Date 25/10/13

RECEIVED with thanks from A Siagles welfare organisation (Kanta)

the sum of Rupees Four hundred eighty only

by Cash Cash

On account of Medicines only

Rs. 480/-

Auth. Signature

Parents / Guardian's feedback:

मेरी माँ;

मेरी बेटी कविता का इलाज ए गिणाल
वेनफेयर और गैनाइजेशन के प्रोजेक्ट इंडिया रिहैब
सेंटर में चल रहा था। मैं इसके पैर का
सर्जरी नहीं करवा सकती थी क्योंकि मेरी आर्थिक
स्थिति अच्छी नहीं थी। मैंने यहाँ पर आकर
सारी बातें बतायीं तब ए गिणाल वेनफेयर और गैनाइजेशन
ने मेरी कविता का पैर का सर्जरी करवा दिया और
इसकी सर्जरी का खर्च ए गिणाल वेनफेयर
और गैनाइजेशन ने उठाया है। इस कार्य के लिए
मैं इस सेवा का धन्यवाद देती हूँ।

Date:

Signature of Parents / Guardian:

साविता

mother.



A Giggles Welfare Organisation

(Project - India Rehab Center)

Registered Office: E-74, 3rd Floor, Bharat Nagar, New Friends Colony, ND - 110025

Functional office: C - 63, South Extension - Part 2, New Delhi - 49

Registration No: 59154, Registered under the Society Act 1860

Ph. : 011-41010774, 011-26250001

Website: www.agwo.org, Email ID: contact@agwo.org

Ref No.:-

Kovitel

Date:-

△ Polyosteo fibrous dysplasia in B/L
Pathological # NOF in (D) tibial defect
in flexion defect (D) hip
Ade
Cunette + B/S for
(D) tibial defect
(D) hip flexion defect done
by Physio / Below knee
flexion traction
Gautam Joshi
- 7 PCM / Confinement 1808
(D) T O3 must Gokh (1/7)
one week
- C Bonheal 1000

► FACILITIES :

- PHYSIOTHERAPY
- OCCUPATIONAL THERAPY
- SPEECH THERAPY

► SPECIAL REHABILITATION PROGRAMS FOR:

- PHYSICAL DISABILITIES
- DEVELOPMENTAL DISORDERS
- MUSCULAR DYSTROPHY

- CEREBRAL PALSY
- SPINE BIFIDA
- AUDITORY PROCESSING DISORDER

Patient's/Parent's Consent- Procedure/Surgery

The nature and purpose of the operation/procedure necessary for my/my child's treatment has been explain to me by the centre/organisation after advised by the concern doctor. I am aware that the practice of medicine and surgery is not exact science and no guarantee about outcome can be made. I have been informed of the medically significant risk and consequences associated with operation/procedure stated above. I have been informed of any reasonable alternative course of treatment and the risk and consequences of these alternative courses of treatment. I have also been informed of the risk and consequence of no treatment is rendered.

My signature below means:

- ✓ 1. I have and understand this consent form.
- ✓ 2. I have been given all the information I asked for about the procedure,(s) risk and other options.
- ✓ 3. My all question were answered.
- ✓ 4. I agree to everything explained above.
- ✓ 5. I will not hold the centre/organisation responsible for any unfortunate incident during procedure.

✓ *If English is not my first language, an interpreter and or translation service were offered and provided to me during the informed consent process. Yes ☒ No ☐ NA ☐

Patient Name: Ms. kavita Age/Gender: 18 / F

Advised Procedure:

Concern Doctor's Name: Dr. Sachin Yadav
Orthopedic

Patient's /Parent's Consent:

सविता
24-10-13

Patient's Signature & Date signed:

If the patient is not able to consent herself/himself complete the following

Legally Responsible Person: सविता w/o आशाराम 403, राठौरगढ़ रोड - 3
सविता कपूर देवी

Relationship to Patient: माता

Parent's Signature and Date Signed: सविता
24-10-13

Coordinator's Signature:

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre

सविता
Coordinator & Health Administrator



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BILL /INVOICE NO 144\10\2013

NAME:- KAVITA

AGE/SEX : 18/F

SURGEON FEE -	5,000
ROOM RENT -	1,000
ANAESTHETIST FEE -	2,000
IMPLANT -	-----
O2 CHARGES-	-----
CONSUMABLES -	5,000
CAST CHARGES-	2,000

TOTAL- 15,000

85
F-86-87
On-88
WV

DR. SACHIN YADAV
MBBS, MS, MCh
DIRECTOR
ORTHO STAR HOSPITAL
F-86, Jawahar Park, Devli Road,